

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000037270

Entity Name: ALTAMUS, INC.**Current Principal Place of Business:**4014 NW 13TH STREET
SUITE A
GAINESVILLE, FL 32609**Current Mailing Address:**PO BOX 6069
GAINESVILLE, FL 32627 US**FEI Number:** 83-4552125**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ULMER, KYLE G
8801 SW 45TH BOULEVARD
GAINESVILLE, FL 32608 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	ULMER, KYLE G
Address	8801 SW 45TH BOULEVARD
City-State-Zip:	GAINESVILLE FL 32608

Title	S/T
Name	HASKO, KIM S
Address	2210 NW 28TH STREET
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	KOOGLER, JOHN B
Address	2240 NW 7TH LANE
City-State-Zip:	GAINESVILLE FL 32603

Title	D
Name	LEE, MAXWELL R
Address	2920 NW 29TH STREET
City-State-Zip:	GAINESVILLE FL 32605

Title	VD
Name	DUEEASE, WILLIAM E
Address	3710 SE 14TH TERRACE
City-State-Zip:	GAINESVILLE FL 32641

Title	D
Name	SGRO, VERONICA N
Address	3628 LIVE OAK HOLLOW DRIVE
City-State-Zip:	ORANGE PARK FL 32065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM HASKO

S/T

01/25/2023

Electronic Signature of Signing Officer/Director Detail_____
Date