

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90449 001 ***300.00

DOCUMENT # 262502

1. Entity Name
NITRAM, INC.

Principal Place of Business 5321 HARTFORD STREET PO BOX 2968 TAMPA FL 33601	Mailing Address 5321 HARTFORD STREET PO BOX 2968 TAMPA FL 33601
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-0996364	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACFARLANE, ANDREW
 400 NORTH TAMPA STREET
 TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIE, CONRAD	NAME	
STREET ADDRESS	PO BOX 13989	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34979	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLINDWEIN, P E	NAME	
STREET ADDRESS	5321 HARTFORD ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, GREG	NAME	
STREET ADDRESS	335 N. E. WATULA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, DON	NAME	
STREET ADDRESS	312 N BUENA VISTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EDGAR	NAME	
STREET ADDRESS	WILL DUKE RD	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNNO, W C	NAME	
STREET ADDRESS	1010 CITRUS	STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel B. Kane* **EXECUTIVE VICE PRESIDENT** **2/1/01** **626-2181 EXT 245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)