

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
 02-28-2000 90188 005 ***150.00

DOCUMENT # L65312

1. Entity Name
NITRAM PROPERTIES, INC.

Principal Place of Business Mailing Address
 5501 NW 53RD COURT 5501 NW 53RD COURT
 GAINESVILLE FL 32653 GAINESVILLE FL 32653-3249
 US US



DO NOT WRITE IN THIS SPACE

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 Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, SHERMAN E., SR.
 5501 NW 53RD COURT
 GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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, 2000 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	
TITLE	D <input type="checkbox"/> Delete
NAME	MARTIN, SHERMAN E JR
STREET ADDRESS	5923 NW 36TH PL
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	D <input type="checkbox"/> Delete
NAME	MARTIN, STEVEN E
STREET ADDRESS	5215 TARRAGON
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	D <input type="checkbox"/> Delete
NAME	MARTIN, RITA K
STREET ADDRESS	4821 S FORESTVILLE
CITY-ST-ZIP	CHICAGO IL 60615
TITLE	P <input type="checkbox"/> Delete
NAME	MARTIN, SHERMAN, SR.
STREET ADDRESS	5501 N.W. 53RD COURT
CITY-ST-ZIP	GAINESVILLE FL
TITLE	V <input type="checkbox"/> Delete
NAME	MARTIN, GLORIA
STREET ADDRESS	5501 N.W. 53RD COURT
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Sherman E. Martin Sr. Date: 2-22-00 Daytime Phone #: 352-377-6512

CR2E034 (9/99)