

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90127 008 \*\*\*150.00

**DOCUMENT # P00000055576**

1. Entity Name  
**INITRAM TECHNOLOGIES, INC.**

Principal Place of Business  
**14560 AERIES WAY DRIVE  
 FT. MYERS FL 33912**

Mailing Address  
**14560 AERIES WAY DRIVE  
 FT. MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1801 Brantley Rd  
 Suite, Apt. #, etc.  
 #1413**

3. Mailing Address  
**1801 Brantley Rd.  
 Suite, Apt. #, etc.  
 #1413**

City & State  
**Ft. Myers FL**  
 Zip  
**33907**

City & State  
**Ft. Myers FL**  
 Zip  
**33907**

4. FEI Number  
**65-1014394**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**BETZ, ROBERT  
 14560 AERIES WAY DRIVE  
 FT. MYERS FL 33912**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1801 Brantley Rd #1413**  
 City **Ft. Myers** FL Zip Code **33907**

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 *Sherril A. Betz*

DATE 4/9/01

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 **D** ☐ Delete  
 NAME **BETZ, ROBERT**  
 STREET ADDRESS **14560 AERIES WAY DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BETZ, SHERRI**  
 STREET ADDRESS **14560 AERIES WAY DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: *Sherril A. Betz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/9/01 DAYTIME PHONE # (941) 482-3280

CR2E034 (10/00)