

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90218 038 \*\*\*150.00

DOCUMENT # *P24227*

1. Entity Name

BTC Wholesale Distributors, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
100 Airview Lane

3. Mailing Address  
P.O. Box 561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Alabaster, AL

City & State  
Alabaster, AL

4. FEI Number 63-0022740

Applied For  
Not Applicable

Zip  
35007

Country

Zip  
35007

Country

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name C T Corporation System

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

1200 South Pine Island Road

City Plantation

FL

Zip Code  
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dale H. Morris*

**DALE W. MORRIS**  
**ASSISTANT VICE PRESIDENT**

*3-14-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Frank P. D'Amico, Jr.  
100 Airview Lane Alabaster, AL 35007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Exec. V-President  
Frank D'Amico, III  
100 Airview Lane Alabaster, AL 35007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank P. D'Amico, Jr.* *Feb 10, 03* *205-324-2581*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)