


04 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **94000012650**

1. Entity Name
BTB INTERNATIONAL & DOMESTIC SALES
BTB



FILED

04 APR -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 914 STRATFORD MANOR DR		3. Mailing Address 914 STRATFORD MANOR DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRANDON FL.		City & State BRANDON FL	
Zip 33510	Country U.S.A	Zip 33510-2402	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number WH 5932349 23	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name MURL ROBERT VOSS	
Street Address (P.O. Box Number is Not Acceptable) 914 STRATFORD MANOR DR	
City BRANDON	FL Zip Code 33510

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 **Murl Robert Voss** **OWNER President** **2-11-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 OWNER	
NAME MURL ROBERT VOSS	
STREET ADDRESS 914 STRATFORD MANOR DR	
CITY-ST-ZIP BRANDON FL 33510-2402	

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CITY-ST-ZIP
200031850872
04/06/04--01005--004 **150.00

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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 life empowered.

SIGNATURE: **Murl Robert Voss (owner) President** **813654 4337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)