

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000062015

Entity Name: BT CONCEPTS, INC.**Current Principal Place of Business:**7899 SE COURTNEY TERRACE
APT. C
HOBE SOUND, FL 33455**Current Mailing Address:**7899 SE COURTNEY TERRACE
APT. C
HOBE SOUND, FL 33455 US**FEI Number:** 35-2634612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALBALADEJO, JASON
7899 SE COURTNEY TERRACE
APT. C
HOBE SOUND, FL 33455 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ALBALADEJO, JASON
Address	7899 SE COURTNEY TERRACE APT. C
City-State-Zip:	HOBE SOUND FL 33455

Title	SEC
Name	ALBALADEJO, JASON
Address	7899 SE COURTNEY TERRACE APT. C
City-State-Zip:	HOBE SOUND FL 33455

Title	TREA
Name	ALBALADEJO, JASON
Address	7899 SE COURTNEY TERRACE APT. C
City-State-Zip:	HOBE SOUND FL 33455

Title	DIR
Name	ALBALADEJO, JASON
Address	7899 SE COURTNEY TERRACE APT. C
City-State-Zip:	HOBE SOUND FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON ALBALADEJO**OWNER****02/16/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date