

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90047 015 ***150.00

DOCUMENT # 519610

1. Entity Name

BTL ENGINEERING SERVICES, INC.

Principal Place of Business

**5802 N OCCIDENT ST
 PO BOX 15718
 TAMPA FL 33614**

Mailing Address

**5802 N OCCIDENT ST
 PO BOX 15718
 TAMPA FL 33614**

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

59-1712528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, LARRY L
 3269 NICKS PLACE
 CLEARWATER FL 33761**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BROWN, JODY S**
 CITY-ST-ZIP **3269 NICKS PLACE**
CLEARWATER FL

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

TITLE ☐ Delete
 NAME **EVD**
 STREET ADDRESS **GORDON, LARRY D**
 CITY-ST-ZIP **1309 PINE RIDGE CR E**
TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2408 Lighthouse Drive**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BROWN, LARRY L**
 CITY-ST-ZIP **3269 NICKS PLACE**
CLEARWATER FL

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ZISMAN, EDWARD D PE**
 CITY-ST-ZIP **1948 ANCLOTE VISTA**
TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
 NAME **TSD**
 STREET ADDRESS **WADDELL, CATHERINE A.**
 CITY-ST-ZIP **14273 HAYS RD.**
SPRING HILL FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP of Operations**
 STREET ADDRESS **Stephen A. West**
 CITY-ST-ZIP **5000 47th Avenue North**
St. Petersburg, FL 33709

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:

Catherine A. Waddell **Catherine A. Waddell** **4/19/2002 (913) 884-0755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)