

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637019

1. Entity Name
Florida B.T.H. INC.

Principal Place of Business
1150 Rum Rd.
Westville, Fl. 32464

Mailing Address
1150 Rum Rd.
Westville, Fl. 32464

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

6. Name and Address of Current Registered Agent
Thomas N. Trammell
1150 Rum Rd.
Westville, Fl. 32464

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90129 005 ***150.00

C0061846

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2129161

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
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 _____ (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, 2000 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	P D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thomas N. Trammell			NAME			
STREET ADDRESS	1150 Rum Rd.			STREET ADDRESS			
CITY-ST-ZIP	Westville, Fl. 32464			CITY-ST-ZIP			
TITLE	VP D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thomas D. Trammell			NAME			
STREET ADDRESS	1150 Rum Rd.			STREET ADDRESS			
CITY-ST-ZIP	Westville, Fl. 32464			CITY-ST-ZIP			
TITLE	S T D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Delores Williams			NAME			
STREET ADDRESS	1148 Rum Rd.			STREET ADDRESS			
CITY-ST-ZIP	Westville, Fl. 32464	<input type="checkbox"/> Delete		CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Thomas N. Trammell 04-08-00 850-956-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)