AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT -3 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/04/02--01037--015
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DOCUMENT # F00000002917

1. Entity Name

B&T PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2000 Glades Road	2000 Glades Road
Suite, Apt. #, etc. Suite 308	Suite, Apt. #, etc. Suite 308
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country USA	Zip 33431 Country USA

4. FEI Number 65-0992356 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Stephen A. Mendelsohn, Esq.

Street Address (P.O. Box Number is Not Acceptable): Rutherford, Mulhall & Wargo, P.A.
2600 N. Military Trail, 4th Flr

City: Boca Raton FL Zip Code: 33431

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: _____ Stephen A. Mendelsohn, as agent for Rutherford, Mulhall & Wargo, P.A. DATE: 9/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	D, C, P
NAME	Todd Thomas
STREET ADDRESS	2000 Glades Rd., Ste 308
CITY-ST-ZIP	~~Boca Raton, FL 33431~~
TITLE	S,D
NAME	Brent Obergfell
STREET ADDRESS	2000 Glades Rd., Ste 308
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	V,T,D
NAME	Donald Kendzior
STREET ADDRESS	2000 Glades Rd., Ste 308
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Todd Thomas, President 9/26/02 561-750-8233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #