2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90004 046 ***550.00

DOCUMENT # J23667

1. Entity Name
B & T REMANUFACTURING, INC.

Principal Place of Business	Mailing Address
% TIMOTHY BRUCE MILLER 811 PLAYGROUD RD FT. WALTON BEACH FL 32547	% TIMOTHY BRUCE MILLER 811 PLAYGROUD RD FT. WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
811 Playground Rd	811 Playground Rd
Suite, Apt. #, etc. /	Suite, Apt. #, etc. //
City & State: Ft. Walton Beach Fl	City & State: Ft. Walton Bch Fl
Zip: 32547 Country: USA	Zip: 32547 Country: USA

4. FEI Number 59-2701387 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, TIMOTHY BRUCE
811 PLAYGROUD RD
FT. WALTON BEACH FL 32548

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 [signature] Timothy B. Miller 7-10-00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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

TITLE	PTD	☐ Delete
NAME	MILLER, TIMOTHY BRUCE	
STREET ADDRESS	102 DELUNA ROAD	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VSD	☐ Delete
NAME	HOWARD, JR., RALPH CARLTON	
STREET ADDRESS	902 MEADOW LANE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E014 (5/00)

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: [signature] Timothy B. Miller 7-10-00 850-863-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #