

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90080 033 ***150.00

DOCUMENT # J23667

1. Entity Name

B & T REMANUFACTURING, INC.

Principal Place of Business

% TIMOTHY BRUCE MILLER
 811 PLAYGROUND RD
 FT. WALTON BEACH FL 32547

Mailing Address

% TIMOTHY BRUCE MILLER
 811 PLAYGROUND RD
 FT. WALTON BEACH FL 32547

2. Principal Place of Business

811 Playground Rd
 Suite, Apt. #, etc.

3. Mailing Address

811 Playground Rd
 Suite, Apt. #, etc.

City & State

Ft. Walton Bch 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 PLAYGROUND RD
 FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Timothy B. Miller

Street Address (P.O. Box Number is Not Acceptable)

210 Deluna Rd

City

Ft. Walton Bch

FL

Zip Code

32548

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

Timothy B. Miller

4-30-01

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, 2001 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

TITLE ☐ Delete
 NAME PTD
 STREET ADDRESS MILLER, TIMOTHY BRUCE
 CITY-ST-ZIP 102 DELUNA ROAD
 FT. WALTON BEACH FL

TITLE ☐ Delete
 NAME VSD
 STREET ADDRESS HOWARD, JR., RALPH CARLTON
 CITY-ST-ZIP 902 MEADOW LANE
 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
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Timothy B. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

850-863-2666

Daytime Phone #

CR2E034 (10/00)