

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91024 009 \*\*\*150.00

**DOCUMENT # J43040**

1. Entity Name  
B.T.L. INC.



Principal Place of Business  
7911 WILLIAMS ROAD  
SEFFNER FL 33584

Mailing Address  
7911 WILLIAMS ROAD  
SEFFNER FL 33584

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 **59-2739799**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FERTIC, W.E. JR.  
7911 WILLIAMS ROAD  
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name **Mary A. Fertic**  
Street Address (P.O. Box Number is Not Acceptable)  
**7911 Williams Rd**  
City **Seffner** FL Zip Code **33584**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary Fertic** DATE **4-4-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERTIC, W.E. JR.	
STREET ADDRESS	7911 WILLIAMS ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROUD, BRIAN	
STREET ADDRESS	8601 HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROUD, NANCY	
STREET ADDRESS	8601 HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERTIC, MARY A.	
STREET ADDRESS	7911 WILLIAMS ROAD	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary A. Fertic	
STREET ADDRESS	7911 Williams Rd	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Fertic**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-4-03** DAYTIME PHONE # **813-621-2743**

CR2E034 (10/02)