

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011138

1. Entity Name

B-T ONE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 PM 2: 56

Principal Place of Business

702 NORTH FRANKLIN ST., SEVENTH FLOOR
TAMPA FL 33602

Mailing Address

702 NORTH FRANKLIN ST., SEVENTH FLOOR
TAMPA FL 33602

2. Principal Place of Business

1700 SE 17th Street

3. Mailing Address

1700 SE 17th Street

Suite, Apt. #, etc.

Suite #300

Suite, Apt. #, etc.

Suite #300

City & State

Ocala, FL

City & State

Ocala, FL

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

05-13-2002 90059 010 \$50.00

4. FEI Number

59-3751250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Ray Chad Boyd III

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

1700 SE 17th Street, Suite #300

City

Ocala

FL

Zip

34471

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

Managing Member

Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ray Chad Boyd III
1700 SE 17th Street, Suite #300
Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR25083 (8/01)