

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90719 001 *2,100.00

DOCUMENT # **L31253**

1. Entity Name

NBTC Resort Properties Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2837 21st Ave. N.

Suite, Apt. #, etc.

3. Mailing Address

2837 21st Ave. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg Fl.

City & State
St. Petersburg Fl.

4. FEI Number

59-2979808

Applied For

Not Applicable

Zip
33713

Country
Pineellas

Zip
33713

Country
Pineellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME

STREET ADDRESS
CITY-ST-ZIP

**S
Pateri Liz
2837 21st Ave. N.
St. Petersburg Fl.**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liz Pateri

Date

4/11/02 727-323-4305

Daytime Phone #

CR2E034B (12/01)