

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80201

1. Entity Name

BUSINESS TECHNOLOGIES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90084 020 \*\*\*150.00

Principal Place of Business

870 BOLD EAGLE DRIVE  
POST OFFICE BOX 1760  
MARCO ISLAND FL 34146  
US

Mailing Address

870 BOLD EAGLE DRIVE  
POST OFFICE BOX 1760  
MARCO ISLAND FL 34145-2550  
US

2. Principal Place of Business

870 Bald Eagle Dr.  
4B

3. Mailing Address

870 Bald Eagle Dr.  
4B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marco Island FL

City & State

Marco Island FL

Zip

Country

34145 Collier

Zip

Country

34145 Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0199183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIKELSON, DAVID L.  
870 BALD EAGLE DRIVE  
UNIT 4-B  
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code 34145

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)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MIKELSON, DAVID L.	
STREET ADDRESS	3207 NW 23 TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, ROBERT F.	
STREET ADDRESS	1514 MAINSAIL DR #5	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Jones

Date

Daytime Phone #

4/17/00

(941) 692-4144