

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000037

1. Entity Name  
BTSC/SOMERSET L.C.

Principal Place of Business  
2274 EATON LAKE COURT  
LEHIGH ACRES FL 33971

Mailing Address  
7945 MAC ARTHUR BLVD., STE 214  
CABIN JOHN MD 20818

APPROVED  
AND  
FILED

00 JUL 25 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
2274 EATON LAKE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LEHIGH ACRES

4. FEI Number  
65-0637621

Applied For  
Not Applicable

Zip Country

Zip Country  
33971 FL

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETRI, KLAUS  
2274 EATON LAKE COURT  
LEHIGH ACRES FL 33971

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM  
NAME FLORIDA FIMO, L.C.  
STREET ADDRESS 2274 EATON LAKE COURT  
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEM  
NAME PETRI, KLAUS  
STREET ADDRESS 2274 EATON LAKE COURT  
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED KLAUS PETRI 07/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)