

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90425 034 \*\*\*150.00

**DOCUMENT # P00000094621**

**1. Entity Name**  
**BTRIBRO VENTURES, INC.**



**Principal Place of Business**  
**914 GRAND RAPIDS BLVD**  
**NAPLES FL 34120**

**Mailing Address**  
**914 GRAND RAPIDS BLVD**  
**NAPLES FL 34120**

**2. Principal Place of Business**

**3. Mailing Address**

**11004 S.W. 37 MANOR**

**Suite, Apt. #, etc.**

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**City & State**

**DAVIE FLORIDA**

**Zip**

**Country**

**33328**

**Country**

**USA**

**4. FEI Number 65-1048816**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**E.H.G. RESIDENT AGENTS, INC.**  
**5100 TOWN CENTER CIRCLE**  
**STE. 430**  
**BOCA RATON FL 33486**

**7. Name and Address of New Registered Agent**

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

**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 \$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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PSD			
	SELIGMAN, BRIAN			
	11004 S.W. 37TH MANOR			
	DAVIE FL 33328			

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

**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: [Signature]**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-10-03**

**239-352-6610**

**Date**

**Daytime Phone #**

CR2E034 (10/02)