

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90008 035 \*\*\*550.00

0086973 AV

**DOCUMENT # P00000101705**

1. Entity Name  
**BTL FINANCIAL HOLDINGS, INC.**

Principal Place of Business  
**13144 N DALE MABRY HWY**  
**TAMPA FL 33624**

Mailing Address  
**13144 N DALE MABRY HWY**  
**TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3203 W. TAMPA Bay Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3203 W. TAMPA Bay Blvd.**  
 Suite, Apt. #, etc.

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

4. FEI Number  
**59-3679374**

Applied For  
 Not Applicable

Zip  
**33607**

Country  
**USA**

Zip  
**33607**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLOMON, STANFORD R**  
**C/O SOLOMON & BENEDICT, P.A.**  
**400 N ASHLEY PLAZA, STE 3000**  
**TAMPA FL 33602**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
 NAME  
**TIMOTHY LIVINGSTON, STEVEN**  
 STREET ADDRESS  
**13144 N DALE MABRY HWY**  
 CITY-ST-ZIP  
**TAMPA FL 33624**

☐ Delete

TITLE  
**3203 W. TAMPA Bay Blvd.**  
 NAME  
**Tampa FL 33607**  
 STREET ADDRESS  
**Tampa FL 33607**  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
**D**  
 NAME  
**LIVINGSTON, BRIAN**  
 STREET ADDRESS  
**13144 N DALE MABRY HWY**  
 CITY-ST-ZIP  
**TAMPA FL 33624**

☐ Delete

TITLE  
**3203 W. TAMPA Bay Blvd.**  
 NAME  
**Tampa FL 33607**  
 STREET ADDRESS  
**Tampa FL 33607**  
 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

**STEVEN T LIVINGSTON**

**8/1/01**

**813-874-0633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)