

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114243

1. Entity Name

BUSINESS TECHNOLOGY INTEGRATION GROUP, INC.

Principal Place of Business

2044 E BEARSS AVE APT 214
TAMPA FL 33613

Mailing Address

2044 E BEARSS AVE APT 214
TAMPA FL 33613

2. Principal Place of Business

6319 Tower Road

Suite, Apt. #, etc.

3. Mailing Address

6319 Tower Road

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

Zip

34639

Country

USA

City & State

Land O' Lakes, FL

Zip

34639

Country

USA

4. FEI Number

59-3689410

Applied For

Not Applicable

5. Certificate of Status Desired

~~\$58.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COYLE, CHARLES W
2044 E BEARSS AVE APT 214
TAMPA FL 33613

Name

Coyle, Charles W
Street Address (P.O. Box Number is Not Acceptable)

6319 Tower Road

City

Land O' Lakes

FL

Zip Code

34639

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

Charles W Coyle
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COYLE, CHARLES W	
STREET ADDRESS	2044 E BEARSS AVE APT 214	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Charles W Coyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W Coyle

3/21/2001

Date

(813) 975-8597
Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90050 048 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)