

2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # P01000077184

1. Entity Name
BUSINESS TECHNOLOGY INTERNATIONAL, INC.

FILED
02 MAY 17 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
35246 US HWY 19 N #264
PALM HARBOR FL 34684

Mailing Address
35246 US HWY 19 N #264
PALM HARBOR FL 34684

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3732670

Applied For
Not Applicable

Zip Country Zip Country

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

KONDIS, PETER
1163 ROLLING OAKS DR
TARPON SPRINGS FL 34689

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 _____

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, 2002 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 P/V/T/S/D/C ☐ Delete
NAME PETER KONDIS
STREET ADDRESS 1163 ROLLING OAKS DR
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE P/V/T/S/D/C ☒ Change ☐ Addition
NAME PETER KONDIS
STREET ADDRESS 1163 ROLLING OAKS DR
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APRIL 2002 (630) 753-0216

Date

Daytime Phone #

CR2E034 (9/01)