## 2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

6933 NW 9TH STREET

## DOCUMENT # P01000105186

1. Entity Name

Principal Place of Business

SIGNATURE:

6933 NW 9TH STREET

BT VISUAL SOLUTIONS GROUP, INC.

MARGATE FL 33063 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TARBET, BARRY G Street Address (P.O. Box Number is Not Acceptable) 6933 NW 9TH STREET MARGATE FL 33063 Zip Code City 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. SĮGŅĄTURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (4/02) ☐ Addition Change TITLE ☐ Delete PTSD TITLE NAME TARBET, BARRY G NAME STREET ADDRESS 6933 NW 9TH STREET STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. CITY-ST-ZIP

## FILED Sep 17, 2002 8:00 am Secretary of State

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