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

DOCUMENT # P020000 \ \(\delta \ \ \ \ \)

1. Entity Name



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91802 035 ***150.00

B+T Enterprises		SPACE.	11042016		
DO NOT WINTE		ACL	Lindrozo		
2. Principal Place of Business 7109 S. Florida Ave	3. Mailing Address	891			
Suite, Apt. #, etc. Suite, Apt. #, etc.		0-(1	DO NOT WRITE IN THIS SPACE		
City & State			4. FEI Number	Applied For	
Floral City, Florida Floral City,		Florida Country	90-0002835	Not Applicable \$8.75 Additional	
34436 Citrus	34436	2v1Fi2	5. Certificate of Status Desired	Fee Required	
	<u> </u>	Name	7. Name and Address of Current Regist		
DO NOT WRITE IN THIS SPACE		. Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		0202	9202 S. Exans Ave.		
		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.			1		
SIGNATURE Sonature, typed or printed name of registering alse	m and title (applicable. (N	OTE: Registered Agent signature requir	red when reinstating) Do	<u>30-03</u>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department	of State		Trust Fund Contribution.	Added to Fees	
	D DIRECTORS				
MAME William W. Bunting		TITLE NAME		12/02	
STREET ADDRESS 9202 5 EVENCE AND CITY-ST-ZP LANGUAGE FI 34452		STREET ADDRESS CITY-ST-ZIP		Z X	
TITLE D		TITLE	· · · · · · · · · · · · · · · · · · ·	CR2E034B (12/02)	
STREET ADDRESS 9202 S. EVANS AVE.		NAME STREET ADDRESS			
CITY-ST-ZIP INVERNESS FL 34452		CITY-ST-ZIP	,		
TITLE NAME		TITLE NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-SI-ZIP			
NAME		NAME			
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		TITLE NAME			
STREET ADDRESS		STREET ADDRESS	TREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	CITY-ST-ZIP			
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
I hereby certify that the information supplied w indicated on this report or supplemental report	ith this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information	
indicated on this report or supplemental report of the corporation or the receiver or trustee er attachment with an address, with all other like	ripowered to execute this rep	it my signature shall have the port as required by Chapter	e same legal effect as if made under oath; the 607. Florida Statutes; and that my name ap	pears in Block 10 or on an	
SIGNATURE: \11 ht.	,	101 Quakas 1	11-20-02 25	2-5726-1/5710	