

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

FILED
Mar 16, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000091183	
1. Entity Name	
BTC LAND INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 16216		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33416-6216	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 20-0163775		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name BASIL J COULE Street Address (P.O. Box Number is Not Acceptable) 2105 TIGRIS DRIVE E City WEST PALM BEACH FL Zip Code 33411		

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.D, BASIL J COULE PO BOX 16216 WEST PALM BEACH, FL 33416-6216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000099909 03/16/04-80003-025 150.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Basil J Coule

BASIL J COULE, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2004

Date

(561) 689-2799

Daytime Phone #