

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

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT #	P03000091183
1. Entity Name	
BTC LAND INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
PO BOX 1991		Suite, Apt. #, etc.	
City & State		City & State	
OKEECHOBEE, FL			
Zip	Country	Zip	Country
34973-1991			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-0163775	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
BASIL J COULE, CPA	
Street Address (P.O. Box Number is Not Acceptable)	
1480 SE 23RD ST	
City	Zip Code
OKEECHOBEE	FL 34974

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 Basil J Coule BASIL J. COULE 3/21/06

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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P,V,D,
NAME	TERRI COULE
STREET ADDRESS	PO BOX 1991
CITY-ST-ZIP	OKEECHOBEE, FL 34973-1991
TITLE	T,S,D,
NAME	BASIL J COULE
STREET ADDRESS	PO BOX 1991
CITY-ST-ZIP	OKEECHOBEE, FL 34973-1991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000480389
04/10/06-80040-025.150.00

**DO NOT WRITE
IN THIS SPACE**

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: Terri Coule TERRI COULE, PRESIDENT 3/21/2006 (863) 357-1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**