

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

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 034 ***150.00

DOCUMENT # P03000091183	
1. Entity Name	
BTC LAND INC	

DO NOT WRITE IN THIS SPACE

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

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

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40118467

**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 OKEECHOBEE	Zip Code 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

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**

10. OFFICERS AND DIRECTORS

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

Terri Coule

TERRI COULE, PRESIDENT

4/27/2007

(863) 357-1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #