

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # *P9 300001 3785 L*

FILED
May 12, 2000 8:00 am
Secretary of State

03-24-2000 90022 041 ***150.00

1. Entity Name

BTA ENTERPRISES INC

Principal Place of Business

Mailing Address

2. Principal Place of Business <i>4414 SE 13TH AVE CAPE CORAL FL</i>		3. Mailing Address <i>4414 SE 13TH AVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>CAPE CORAL FL</i>		City & State <i>CAPE CORAL FL</i>	
Zip <i>33904</i>	Country <i>LEE</i>	Zip <i>33904</i>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>6504 00 538</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*BERNARD KERSCHER
 4414 SE 13TH AVE
 CAPE CORAL FL 33904*

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE *Bernard Kerschker* DATE *04.04.00*

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES BERNARD KERSCHER 4414 SE 13TH AVE CAPE CORAL FL 33904</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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.

SIGNATURE: *Bernard Kerschker* DATE: *03-17-00* DAYTIME PHONE #: *941-540-9835*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)