

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90826 013 ***150.00

DOCUMENT # *P93000029381*

1. Entity Name
BTB Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 160714

3. Mailing Address
PO Box 160714

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Alt Spgs, FL

City & State
Alt Spgs, FL

4. FEI Number
59-3037277

Applied For
Not Applicable

Zip
32716

Country
SEMINOLE

Zip
32716

Country
SEMINOLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BARITA J. Borders

Street Address (P.O. Box Number is Not Acceptable)
2935 SIMMONS Rd.

City
Oviedo

FL

Zip Code
32765

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
BARITA J. Borders
2935 SIMMONS Rd.
Oviedo, FL 32765*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
PATRICIA C. SIMMONS
2935 SIMMONS Rd.
Oviedo, FL 32765*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*SEC
KATHLEEN MCCANN
2935 SIMMONS Rd.
Oviedo, FL 32765*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

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

[Signature] PATRICIA C. SIMMONS

4/25/03 (407) 366-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)