

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 016 ***158.75

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DOCUMENT # P95000031970

1. Entity Name
B.T.S. HOLDINGS, INC.



Principal Place of Business
**20 MARLWOOD LN
WEST PALM BEACH FL 33418
US**

Mailing Address
**20 MARLWOOD LN
WEST PALM BEACH FL 33418
US**



2. Principal Place of Business

3. Mailing Address

7100-39 FAIRWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

City & State

PALEMBANG GARDENS, FL

Zip

Country

Zip

Country

33418

USA

4. FEI Number **65-0650389**

Applied For

Not Applicable

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

**MAY, MARK R.
20 MARLWOOD LANE
PALM BEACH GARDENS FL 33418**

Name **MAY, MARK R.**
Street Address (P.O. Box Number is Not Acceptable)

4512 N FLAGLER DR., STE 201

City **WEST PALM BEACH**

FL

Zip Code

33407

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

4/29/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MAY, MARK**
STREET ADDRESS **20 MARLWOOD LN**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☒ Change ☐ Addition
NAME **D MAY, MARK**
STREET ADDRESS **4512 N FLAGLER DR., STE. 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33418**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 561-835-1790

Date

Daytime Phone #

CR2E034 (10/02)