

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90024 037 ***150.00

DOCUMENT # P95000090421

1. Entity Name

BUSINESS TRAVEL RESOURCES, INC.

Principal Place of Business

~~920 BELAIRE CT~~
PUNTA GORDA FL 33950
US

Mailing Address

~~920 BELAIRE CT~~
PUNTA GORDA FL 33950

00040504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc. **#4**
513 MANATEE CT.

City & State

VENICE

Zip

34285

Country

FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAFARI

Zip

34285

Country

FL

4. FEI Number

65-0624503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fees Required

6. Name and Address of Current Registered Agent

BOEVE, MICHAEL

~~920 BELAIRE CT~~

PUNTA GORDA FL 33950

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

Michael Boeve

(NOTE: Registered Agent signature required when reinstating)

2/27/02

DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOEVE, MICHAEL	
STREET ADDRESS	920 BELAIRE CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BOEVE	
STREET ADDRESS	513 MANATEE COURT #4	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Boeve

2/27/02

Date

(941)

488-1349

Daytime Phone #

CR2E034 (9/01)