

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91028 002 ***150.00

DOCUMENT # *P95000090421*

1. Entity Name

Business Travel Resources



DO NOT WRITE IN THIS SPACE

80074199

2. Principal Place of Business

505 Manatee Ct.

3. Mailing Address

(Same) 505 Manatee Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice Florida

4. FEI Number

650624503

Applied For

Not Applicable

Zip

34285

Country

USA

Zip

34285

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Boeve

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

505 Manatee Ct.

City

Venice

FL

Zip Code

34285

**DO NOT WRITE
IN THIS SPACE**

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

Michael Boeve President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

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

*Michael Boeve
President*

STREET ADDRESS

505 Manatee Ct.

CITY - ST - ZIP

Venice FL 34285

TITLE
NAME

Laurie Boeve

STREET ADDRESS

505 Manatee Ct.

CITY - ST - ZIP

Venice FL 34285

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

Michael Boeve President

Date

Daytime Phone #

3/30/03

(941) 488-1349

CR2E034B (12/02)