

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099363

1. Entity Name

BTT MARKETING SERVICES CORP.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90036 042 ***150.00

Principal Place of Business

Mailing Address

916A LAKE DESTINY ROAD
ALTAMONTE SPRINGS FL 32714

1052 MONTGOMERY ROAD
ALTAMONTE SPRINGS FL 32714-7420

2. Principal Place of Business

3. Mailing Address

13908-A BARDMOOR PL

13176 N. DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#131

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3413913

Applied For

Not Applicable

Zip

Country

33624

USA

Zip

Country

33618-2406

USA

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

THIEM, WILLIAM T JR.
916A LAKE DESTINY ROAD
ALTAMONTE SPRINGS FL 32714

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 14 '00

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 ☐ Delete
NAME P
STREET ADDRESS THIEM, WILLIAM T JR.
CITY-ST-ZIP 916A LAKE DESTINY ROAD
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS THIEM, WILLIAM T JR.
CITY-ST-ZIP 13908-A BARDMOOR PL
TAMPA FLORIDA 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William Thieme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 14, 2000

Date

813 962-3344

Daytime Phone #

CR2E034 (9/99)