

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056654

1. Entity Name

BTC SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90045 004 ***150.00

| | |
|---|--|
| Principal Place of Business 2724 IRMA LAKE DRIVE WEST PALM BEACH FL 33411 | Mailing Address 2724 IRMA LAKE DRIVE WEST PALM BEACH FL 33411-5736 |
|---|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0850197 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

| | |
|---|--|
| DEITTER, LAWRENCE 3724 IRMA LAKE DR W PALM BCH FL 32411 | 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEITLER, JOAN B 2724 IRMA LAKE DRIVE WEST PALM BEACH FL 33411 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DEITLER, LAWRENCE 2724 IRMA LAKE DRIVE WEST PALM BEACH FL 33411 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHAY, LESLIE 2724 IRMA LAKE DRIVE WEST PALM BEACH FL 33411 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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

3/1/00 161615375V
Date Daytime Phone #