

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000056654**

1. Entity Name

BTC SERVICES, INC.**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90009 002 ***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

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 ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEITER, LAWRENCE
3724 IRMA LAKE DR
W PALM BCH FL 32411

7. Name and Address of New Registered Agent

Name **DEITLER LAWRENCE**
Street Address (P.O. Box Number is Not Acceptable) **2724 IRMA LAKE DR**
City **W PALM BCH** FL Zip Code **33411**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 **LAWRENCE DEITLER**

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DEITLER, JOAN B**
STREET ADDRESS **2724 IRMA LAKE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**TITLE **ST** ☐ Delete
NAME **DEITLER, LAWRENCE**
STREET ADDRESS **2724 IRMA LAKE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**TITLE **D** ☐ Delete
NAME **SHAY, LESLIE**
STREET ADDRESS **2724 IRMA LAKE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **LAWRENCE DEITLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/16/01**
Date

Daytime Phone #

CR2E034 (10/00)