

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90204 029 \*\*\*150.00

va/n101 AV

**DOCUMENT # P99000031801**

1. Entity Name  
**B.T. TRANSPORT, INC.**



Principal Place of Business  
**11283 DEMPSEY ROAD  
BROOKSVILLE FL 34601**

Mailing Address  
**11283 DEMPSEY ROAD  
BROOKSVILLE FL 34601**



2. Principal Place of Business

3. Mailing Address

**6763 MASON CREEK Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HOMOSASSA FL**

4. FEI Number **59-3570215**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34448 CITRUS**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSACCA, ROBERT S  
11283 DEMPSEY ROAD  
BROOKSVILLE FL 34601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **BUSACCA, ROBERT S**  
STREET ADDRESS **11283 DEMPSEY ROAD**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ Change ☐ Addition  
NAME **6763 MASON CREEK Rd**  
STREET ADDRESS **HOMOSASSA FL 34448**  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **BUSACCA, THOMAS**  
STREET ADDRESS **10193 WALLIEN DR**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE **VPD** ☐ Delete  
NAME **BUSACCA, THOMAS JR**  
STREET ADDRESS **10215 TRUDY LYNN DR**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Robert S Busacca**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)