

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90016 005 \*\*\*150.00

DOCUMENT # P99000050798

1. Entity Name  
**BTT ENTERPRISES, INC.**

Principal Place of Business  
**13698 STATE HWY. 20 WEST**  
**NICEVILLE FL 32578**

Mailing Address  
**13726** **13698 STATE HWY. 20 WEST**  
**NICEVILLE FL 32578**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13726 ST. Hwy 20 West**  
 Suite, Apt. #, etc.  
**NICEVILLE, FLORIDA**  
 City & State

3. Mailing Address  
**13726 ST. Hwy 20 W**  
 Suite, Apt. #, etc.  
 City & State  
**NICEVILLE, FL**

4. FEI Number **59-3414930**

Applied For  
 Not Applicable

Zip **32578** Country **WALTON**

Zip **32578** Country **WALTON**

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

## 6. Name and Address of Current Registered Agent

**TAYLOR, BONITA**  
**13698 STATE HWY. 20 WEST**  
**NICEVILLE FL 32578**  
**13726**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, BONITA</b>	
STREET ADDRESS	<b>13698 STATE HWY. 20 WEST</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, ALLISON GARY</b>	
STREET ADDRESS	<b>13698 STATE HWY. 20 WEST</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>13726 STATE Hwy 20 West</b>
CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>13726 STATE Hwy 20 West</b>
CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bonita T. Taylor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BONITA T. TAYLOR**

**1/6/2001**

**850-897-0979**  
 Daytime Phone #

CR2E034 (10/00)