

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90122 014 \*\*\*150.00

**DOCUMENT # P99000050798**

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



Principal Place of Business  
**13726 STATE HWY. 20 WEST  
NICEVILLE FL 32578**

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

2. Principal Place of Business

**13712 STATE HWY 20 W**

Suite, Apt. #, etc.

3. Mailing Address

**13712 ST. HWY 20 W**

Suite, Apt. #, etc.

City & State

**NICEVILLE FLORIDA**

City & State

**NICEVILLE FL.**

Zip

**32578**

Country

**WALTON**

Zip

**32578**

Country

**WALTON**

4. FEI Number

**59-3414930**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**13712 STATE HWY 20 WEST**

City

**NICEVILLE**

FL

Zip Code

**32578**

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

TITLE **D** ☐ Delete  
NAME **TAYLOR, BONITA**  
STREET ADDRESS **13726 STATE HWY 20 WEST**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete  
NAME **TAYLOR, ALLISON GARY**  
STREET ADDRESS **13726 STATE HWY 20 WEST**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

**BONITA TAYLOR - ALLISON GARY TAYLOR**

Date

**2/1/03 850-897-0979**

Daytime Phone #

CR2E034 (10/02)