

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000053591****1. Entity Name**  
BTB SERVICES, INC.**Principal Place of Business**

P.O. BOX 590505

FT. LAUDERDALE  
33359

FL

**Mailing Address**

P.O. BOX 590505

FT. LAUDERDALE  
33359

FL

**2. Principal Place of Business**

22915 TRADEWIND ROAD

**3. Mailing Address**

22915 TRADEWIND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

BOCA RATON

FL

**City & State**

BOCA RATON

FL

**4. FEI Number**☒ Applied For  
☐ Not Applicable**Zip**  
33428**Country****Zip**  
33428**Country****5. Certificate of Status Desired**☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**BARBERNITZ THOMAS F  
3433 N.W. 44TH STREET, #202FT. LAUDERDALE  
33309

FL

**7. Name and Address of New Registered Agent****Name**

BARBERNITZ THOMAS F

**Street Address** (P.O. Box Number is Not Acceptable)  
22915 TRADEWIND ROAD**City**

BOCA RATON

**FL****Zip Code**  
33428**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)

**04/30/2000**

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, 2000 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** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** D  
**STREET ADDRESS** ESTEP JUDY L  
**CITY-ST-ZIP** 700 LOCK RD. #51  
DEERFIELD BEACH FL 33442**TITLE** ☐ Delete  
**NAME** D  
**STREET ADDRESS** BARBERNITZ THOMAS F  
**CITY-ST-ZIP** P.O. BOX 590505  
FT. LAUDERDALE FL 33359**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition  
**NAME** D  
**STREET ADDRESS** ERICKSON LYNN O  
**CITY-ST-ZIP** BOX 665  
CLEWISTON FL 33440**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☒ Change ☐ Addition  
**NAME** D  
**STREET ADDRESS** BARBERNITZ THOMAS F  
**CITY-ST-ZIP** 22915 TRADEWIND ROAD  
BOCA RATON FL 33428**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****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** Thomas F. Barbnritz

Date: 04/30/2000