

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071879

1. Entity Name

BTI STAFFING, INC.

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90011 020 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DAVID E. ABELES  
5 WEST HIGBANKS RD.  
DEBARY FL 32713-8628

C/O DAVID E. ABELES  
5 WEST HIGBANKS RD.  
DEBARY FL 32713-8628

2. Principal Place of Business

3. Mailing Address

9738 Hwy 441

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

Leesburg, Florida

City & State

Zip

34788

Country

Zip

Country

4. FEI Number

39-1972580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABELES, DAVID E  
5 WEST HIGBANKS RD.  
BOX 121  
DEBARY FL 32713-8628

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

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BODOH, VANEVA  
CITY-ST-ZIP 2229 S WOODLAND BLVD.  
DELAND FL 32720-8628

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

TITLE ☐ Delete  
NAME C  
STREET ADDRESS BODOH, CEDRIC  
CITY-ST-ZIP 2229 S WOODLAND BLVD.  
DELAND FL 32720-8628

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

TITLE ☐ Delete  
NAME VP/D  
STREET ADDRESS Tina Langton  
CITY-ST-ZIP 01649 Spring Lake Road  
Fruitland Park, Florida 34731

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Tina M. Langton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2801 (352) 435-9145

Date

Daytime Phone #

CR2E034 (10/00)

0012472