

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084442

1. Entity Name

B.T. BILLING SERVICE, INC.

Principal Place of Business

8415 SW 41 PLACE RD
OCALA FL 34481

Mailing Address

8415 SW 41 PLACE RD
OCALA FL 34481-5499

2. Principal Place of Business

3. Mailing Address

P.O. Box 770142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

Zip

Country

Zip

Country

34477

U.S.A.

4. FEI Number

59-3598921

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

SIEFERT, MICHAEL A
606 SE THIRD AVE
OCALA FL 34471

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOKARSKY, JODY B 606 SE THIRD AVE OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOKARSKY, JODY B 606 SE THIRD AVE OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William A. Bramlett 12450 SE 103 LANE Dunneleon, FL 34431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition As originally Filed Please.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOKARSKY, BRUCE 606 SE THIRD AVE OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jody B. Tokarsky Jody B. Tokarsky 3/15/00

(352) 237-6090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90062 020 ***150.00

L0042001



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)