

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0546646 AV

DOCUMENT # P99000090369

1. Entity Name
BUSINESS TEAM RESOURCES, INC.

04-07-2002 90576 006 ***150.00

Principal Place of Business

Mailing Address

~~4175 KIRKALDY DR.~~
PALM HARBOR FL 34685

~~P.O. BOX 4934~~
PALM HARBOR FL 34685



2. Principal Place of Business

3. Mailing Address

4162 Kirkaldy Drive

36181 East Lake Rd #167

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Harbor FL

Palm Harbor FL 34685

4. FEI Number

59-3602487

Applied For

Not Applicable

Zip

Country

Zip

Country

34685

USA

34685

USA

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

O'DONNELL, SHIRLEY
4175 KIRKALDY DR.
PALM HARBOR FL 34685

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, 2002 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 **P/S** ☐ Delete
NAME **REULE, JANE**
STREET ADDRESS **4162 KIRKLADY DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **VT** ☐ Delete
NAME **O'DONNELL, SHIRLEY**
STREET ADDRESS **4175 KIRKLADY DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jane N. Reule
Jane N. Reule

3-29-2001

727-945-8850

Date

Daytime Phone #

CR2E034 (9/01)