

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13331

1. Entity Name
BUILDING TECHNOLOGY CONSULTANTS, INCORPORATED

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90112 003 ***150.00

Principal Place of Business 215 MOUNTAIN DR SUITE 111 DESTIN FL 32541 US	Mailing Address 215 MOUNTAIN DR SUITE 111 DESTIN FL 32541-2346 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address PO BOX 5799
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DESTIN, FL	4. FEI Number 59-3038673	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32540	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**FELL JR., JAMES E.
15 COURTNEY LANE
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELL, JAMES E		NAME	
STREET ADDRESS 4000 US HWY 98 GULF TERRACE UNIT 233		STREET ADDRESS	
CITY-ST-ZIP DESTIN FL 32541		CITY-ST-ZIP	
TITLE Pc	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELL, MICHAEL F		NAME	
STREET ADDRESS 239 WEKIVA COVE		STREET ADDRESS	
CITY-ST-ZIP DESTIN FL 32541		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELL, JAMES E JR		NAME	
STREET ADDRESS 15 COURTNEY LANE		STREET ADDRESS	
CITY-ST-ZIP CRESTVIEW FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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: *Michael Fell* **MICHAEL FELL** 3/21/00 (850)650-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)