

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 5799
Suite, Apt. #, etc.

City & State
DESTIN, FL

Zip
32540

Country
US

4. FEI Number **59-3038673**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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.
(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 S | <input type="checkbox"/> Delete |
| NAME FELL, JAMES E | |
| STREET ADDRESS 4000 US HWY 98 GULF TERRACE UNIT 233 | |
| CITY-ST-ZIP DESTIN FL 32541 | |
| TITLE Pc | <input type="checkbox"/> Delete |
| NAME FELL, MICHAEL F | |
| STREET ADDRESS 239 WEKIVA COVE | |
| CITY-ST-ZIP DESTIN FL 32541 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME FELL, JAMES E JR | |
| STREET ADDRESS 15 COURTNEY LANE | |
| CITY-ST-ZIP CRESTVIEW FL | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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)