

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # V23179**1. Entity Name
BT MANAGEMENT SERVICES, INC.Principal Place of Business
544 20TH AVENUE
INDIAN ROCKS BEACH FL 33785
Mailing Address
PO BOX 1221
INDIAN ROCKS BCH FL 337852. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
544 20TH AVENUE
Suite, Apt. #, etc.City & State
INDIAN ROCKS BCH FL
Zip Country
33785 US4. FEI Number
59-3109399
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSMALL, JANE D.
544 20TH AVENUE NORTH
INDIAN ROCKS BEACH FL 33785**7. Name and Address of New Registered Agent**Name
SMALL JANE D
Street Address (P.O. Box Number is Not Acceptable)
544 20TH AVENUE NORTH
City
INDIAN ROCKS BEACH FL Zip Code
33785

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 **JANE D. SMALL****03/12/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL JANE	
STREET ADDRESS	544 20TH AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMALL STEPHEN	
STREET ADDRESS	544 20TH AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen Small

Pres

03/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)