

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519610

Entity Name: BTL ENGINEERING SERVICES, INC.**Current Principal Place of Business:**5802 N OCCIDENT ST
TAMPA, FL 33614**Current Mailing Address:**5802 N OCCIDENT ST
TAMPA, FL 33614 US**FEI Number:** 59-1712528**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, LARRY L
3269 NICKS PLACE
CLEARWATER, FL 33761 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BROWN, JODY S
Address	3269 NICKS PLACE
City-State-Zip:	CLEARWATER FL 33761

Title	CEOD
Name	LARRY, BROWN L
Address	3269 NICKS PLACE
City-State-Zip:	CLEARWATER FL 33761

Title	VP
Name	HAI, P.E., MOHAMMED A
Address	8018 TERRACE RIDGE DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	TSD
Name	WADDELL, CATHERINE A
Address	14273 HAYS ROAD P.O. BOX 11113
City-State-Zip:	SPRING HILL FL 34610

Title	PD
Name	WEST, STEPHEN A
Address	5000 47TH AVENUE NORTH
City-State-Zip:	SAINT PETERSBURG FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE A WADDELL

TSD

03/31/2017

Electronic Signature of Signing Officer/Director Detail_____
Date