2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 383238

1. Entity Name
B[illegible]VACK, INC.

FILED
03 OCT 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5807 N.W. 54TH WAY GAINESVILLE, FL 32653	5807 N.W. 54TH WAY GAINESVILLE, FL 32653

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES 03

4. FEI Number 59-1351846 ☐ Applied For ☐ Not Applicable

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
BURRICHTER, ARTHUR W 5807 N.W. 54TH WAY GAINESVILLE, FL 32653 Deceased	Name: Verna M Burrichter Street Address (P.O. Box Number is Not Acceptable): 5807 N.W. 54th Way City: Gainesville, FL Zip Code: 32653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Verna M Burrichter, Verna M Burrichter Sept. 27, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURRICHTER, ARTHUR W 5807 N.W. 54TH WAY GAINESVILLE, FL 32653	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600023548396 10/03/03--01075--014 **550.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURRICHTER, VERNA M 5807 N.W. 54TH WAY GAINESVILLE, FL 32653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600023548396 10/28/03--01069--022 **200.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Verna M. Burrichter, Verna M. Burrichter Sept. 27, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J 10/31