## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 16, 2002 8:00 am Secretary of State DOCUMENT # F01000004472 1. Entity Name 05-16-2002 90077 023 \*\*\*150.00 BUCK HAWK, INC. OFF. Principal Place of Business Mailing Address 220 CRAFT ST. 8900 CINCINNATI DAYTON ROAD PENSACOLA FL 32534 WEST CHESTER OH 45069 2. Principal Place of Business 3. Mailing Address 99-Kalin Ealin Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State Applied For City & State 4. FEI Number 34-1951461 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired W. S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Johnson Eric Address (P.D. Box Number is Not Aspertable) たいひ JOHNSON, ERIC K 220 CRAFT ST. eserve PENSACOLA FL 32584 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THEISS, WILLIAM NAME CR2E034 7367 WETHERSFIELD DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **WEST CHESTER OH 45069** CITY-ST-ZIP WC TITLE ☐ Delete ☐ Addition NAME THEISS, JOSHUA 1899 Reserve Blud. #164 Guf Breeze FL 32563 STREET ADDRESS .7367. WETHERSFIELD DR. STREET ADDRESS CITY-ST-ZIP WEST CHESTER OH 45069 CITY-ST-ZIP SD ☐ Delete TITLE ■ Addition NAME BECK, PETER A NAME STREET ADDRESS STREET ADDRESS 1100 SNIDER ROAD APT. #44 CITY-ST-ZIP CITY-ST-ZIP **MASON OH 45040** TD ☐ Delete TITI F Change Change ☐ Addition NAME JOHNSON, ERIC NAME 1899 Reserve BIVd. #164 6208 JESSICA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLETOWN-OH-45044 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

Daytime Phone #