

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90090 047 ***150.00

DOCUMENT # F01000004472

1. Entity Name
BUCK HAWK, INC.



Principal Place of Business
**99 EGLIN PARKWAY
SUITE 3 A
FORT WALTON BEACH FL 32548**

Mailing Address
**99 EGLIN PARKWAY
SUITE 3 A
FORT WALTON BEACH FL 32548**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1951461**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, ERIC K
1899 RESERVE BLVD
164
GULF BREEZE FL 32563**

Name **Joshua W. Theiss**
Street Address (P.O. Box Number is Not Acceptable)
313 Northampton Circle
City **Fort Walton Beach** **FL** Zip Code **32547**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PC** ☐ Delete
NAME **THEISS, WILLIAM**
STREET ADDRESS **7367 WETHERSFIELD DR.**
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **WVC** ☐ Delete
NAME **THEISS, JOSHUA**
STREET ADDRESS **1899 RESERVE BLVD # 164**
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **WC** ☒ Change ☐ Addition
NAME **Theiss, Joshua**
STREET ADDRESS **313 Northampton Circle**
CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE **SD** ☐ Delete
NAME **BECK, PETER A**
STREET ADDRESS **1100 SNIDER ROAD APT. #44**
CITY-ST-ZIP **MASON OH 45040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **JOHNSON, ERIC**
STREET ADDRESS **1899 RESERVE BLVD # 164**
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03
Date

(850) 301-9464
Daytime Phone #

CR2E034 (10/02)