

2002-UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000016469**

1. Entity Name

ACK-TEN GROUP, LLC

Principal Place of Business

**7100 QUEENFERRY CIRCLE
BOCA RATON FL 33486**

Mailing Address

**7100 QUEENFERRY CIRCLE
BOCA RATON FL 33486**

2. Principal Place of Business

2404 B.S. SEACREST BLVD. BOYNTON BEACH, FL. 33435

3. Mailing Address

2404 B.S. SEACREST BLVD. BOYNTON BEACH, FL. 33435

City & State

BOYNTON BEACH, FL.

City & State

BOYNTON BEACH, FL.

Zip

33435

Country

USA

Zip

33435

Country

USA

4. FEI Number

651141015

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLOCH, STUART E ESQ.
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ACKERMAN, HOWARD	
STREET ADDRESS	10289 SPYGLASS WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LITTEN, NEIL	
STREET ADDRESS	7100 QUEENFERRY CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ACKERMAN, HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

9-24-02

Daytime Phone #

561-739-9674**FILED****02 OCT -8 PM 4: 05****SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)