

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052482

1. Entity Name

BUY OWNER OF HOUSTON, INC.

Principal Place of Business
5757 NORTH ANDREWS WAY
FT. LAUDERDALE FL 33309

Mailing Address
5757 NORTH ANDREWS WAY
FT. LAUDERDALE FL 33309

FILED
Jul 04, 2002 8:00 am
Secretary of State

04-22-2002 90179 015 ***150.00

37678



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1107483	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ECKERT, CHARLES S 5757 ANDREWS WAY FT. LAUDERDALE FL 33309		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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President/Director	TITLE	
NAME	Scott A. Eckert	NAME	
STREET ADDRESS	765 Camino Lakes Cir.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	CITY-ST-ZIP	
TITLE	Vice President/Director	TITLE	
NAME	Charles S. Eckert	NAME	
STREET ADDRESS	2800 S. Ocean Blvd #11F	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Charles S. Eckert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

954 771 7777

Daytime Phone #

CR2E034 (9/01)