

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90169 021 ***155.00

0331363 AV

DOCUMENT # P02000007386

1. Entity Name
JACK UTSICK PRESENTS, N.E., INC.



Principal Place of Business
**2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306**

Mailing Address
**2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306**



2. Principal Place of Business
4100 MAIN ST

3. Mailing Address
300 S. Pointe DR

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
PORTOFIND TOWERS 3503

☒ CHECK HERE IF MAKING CHANGES

City & State
Philadelphia, PA

City & State
Miami Beach FI

4. FEI Number
47-0849114

Applied For
☐ Not Applicable

Zip
19127

Country
USA

Zip
33139

Country
USA

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

**FORKEY, RUSSELL L
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306**

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORKEY, RUSSELL L
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHIEF Executive OFF.
Jack Utsick
300 S. Pointe DR.
MIAMI BEACH FI 33139** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
William Rogers
4100 MAIN ST S# 301
Philadelphia, PA 19127** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
Sidney PAYNE
4100 MAIN ST S# 301
Philadelphia, PA 19127** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Sidney PAYNE
SAME** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
Sidney PAYNE
SAME** ☐ Delete

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

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: *Sidney Payne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

215-508-5000

Date

Daytime Phone #

CR2E034 (10/02)