

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35531

1. Entity Name
B C K ACQUISITIONS, LTD. INC.



FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90237 010 ***150.00

90021741



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1900 SUMMIT TOWER BLVD
SUITE 130
ORLANDO FL 32810

Mailing Address
1900 SUMMIT TOWER BLVD
SUITE 130
ORLANDO FL 32810
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 25-1586967

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

KATZEN, MARC
1900 SUMMIT TOWER BLVD
SUITE 130
ORLANDO FL 32810

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZEN, MARC		NAME		
STREET ADDRESS	1900 SUMMIT TOWER BLVD, STE 130		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GEORGE V.		NAME		
STREET ADDRESS	499 SMOKEY CORNERS ROAD		STREET ADDRESS	2618 WALDMAN DR.	
CITY-ST-ZIP	COGAN STATION PA		CITY-ST-ZIP	WILLIAMSPORT PA 17701	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, JOHN W.		NAME		
STREET ADDRESS	401 W. DUBOIS AVE.		STREET ADDRESS	470 PARK AVENUE #7D	
CITY-ST-ZIP	DUBOIS PA		CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: MARC KATZEN REQUIRED

Date 2/6/03 Daytime Phone #

CR2E034 (10/02)