

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90050 003 ***150.00

DOCUMENT # P98000107362

1. Entity Name
BCK COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

9017 ADAMO DR
 STE N
 TAMPA FL 33619

9017 ADAMO DR
 STE N
 TAMPA FL 33619

716949

2. Principal Place of Business

105 US Hwy 301 S

3. Mailing Address

105 US Hwy 301 S

Suite, Apt. #, etc.

STE J

Suite, Apt. #, etc.

STE J

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33619

Country

HILLS

Zip

33619

Country

HILLS

6. Name and Address of Current Registered Agent

MORAN, KEVIN
 9017 ADAMO DR
 STE N
 TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

KEVIN MORAN

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

105 US Hwy 301 S, STE J

City

TAMPA

FL

Zip Code

33619

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

Kevin Moran

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

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, 2001 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

TITLE **P** ☐ Delete
 NAME **IUZZOLINO, MARK**
 STREET ADDRESS **101 VERNE ST- #322**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VP** ☐ Delete
 NAME **BEYER, BRET**
 STREET ADDRESS **3601 N TAMPA ST.**
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE **VP** ☐ Delete
 NAME **MORAN, KEVIN**
 STREET ADDRESS **3114 W. BAY VILLA**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **VP MORAN, KEVIN**
 STREET ADDRESS **29552 MORVEN PL.**
 CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Kevin Moran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01
 Date

(98)246-9527
 Daytime Phone #

CR2E034 (10/00)