

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22204

1. Entity Name
B.C.W. GAMES UNLIMITD, INC.

Principal Place of Business

**C/O WILLIAM WAHL
4420 S.W. 93RD AVE.
DAVIE FL 33328**

Mailing Address

**C/O WILLIAM WAHL
4420 S.W. 93RD AVE.
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0236120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WAHL, WILLIAM
4420 SW 93 AVE.
DAVIE FL 33328**

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.

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BECKER, WERNER JACK
8990 S W 8TH ST
PLANTATION FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CHILDS, ROBERT
724 S W 14TH CT
FT LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WAHL, WILLIAM
4420 S W 93RD AVE
DAVIE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 has 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 687, 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: *William Wahl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4420 S. W. 93rd AVE.
DAVIE, FL 33328**

Date

Daytime Phone #

1-3-01

9544758924

**FILED
Jan 08, 2001 8:00 am
Secretary of State**

01-08-2001 90042 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)