

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

DOCUMENT # V59254

1. Entity Name
BCL ASSOCIATES, INC.



03-20-2003 90387 001 ***150.00
03-20-2003 90387 002 *****8.75

Principal Place of Business
**224 BIRCHLAND AVE
SPRINGFIELD MA 01119**

Mailing Address
**224 BIRCHLAND AVE
SPRINGFIELD MA 01119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3243046**

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

**BABACAS, SOCRATES T
5109 NORTH CENTRAL AVENUE
TAMPA FL 33603**

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 **DP** ☐ Delete
NAME **BABACAS, SOCRATES T**
STREET ADDRESS **224 BIRCHLAND AVE**
CITY-ST-ZIP **SPRINGFIELD MA**

TITLE **TS** ☐ Delete
NAME **GEORGE, WILLIAM**
STREET ADDRESS **54 ACREBROOK ROAD**
CITY-ST-ZIP **SPRINGFIELD MA**

TITLE **V** ☐ Delete
NAME **BOURAS, NICHOLAS J**
STREET ADDRESS **112 BEEKMAN RD.**
CITY-ST-ZIP **SUMMIT NJ 07901**

TITLE **D** ☐ Delete
NAME **FARRELL, PAMELA**
STREET ADDRESS **33 DECORIE DR.**
CITY-ST-ZIP **WILBRAHAM, MA 01095**

TITLE **SEC** ☐ Delete
NAME **BABACAS, HARRIET**
STREET ADDRESS **224 BIRCHLAND AVE.**
CITY-ST-ZIP **SPRINGFIELD, MA 01119**

TITLE **D** ☐ Delete
NAME **LUDTKA, J. MARK**
STREET ADDRESS **16643 S.E. 48TH PLACE**
CITY-ST-ZIP **BELLEVUE, WA 98006**

TITLE **D** ☐ Change ☐ Addition
NAME **WHITNEY, JONATHAN F.**
STREET ADDRESS **3120 BOSTON ROAD**
CITY-ST-ZIP **WILBRAHAM, MA 01095**

TITLE **D** ☐ Change ☐ Addition
NAME **HAGEN, PAUL**
STREET ADDRESS **85 PARK LANE**
CITY-ST-ZIP **GLEN MILLS PA 19342**

TITLE **D** ☐ Change ☐ Addition
NAME **BLAAUW, SIDNEY W**
STREET ADDRESS **17141 JACKSON TR.**
CITY-ST-ZIP **LAKEVILLE MN 55044**

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

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

At Hachmen +
BCL ASSOCIATES, INC. *SSD/8234*
224 BIRCHLAND AVENUE *V59254*
SPRINGFIELD, MA 01119
(413)783-3598 FAX (413)782-9970

To whom it may concern 3/15/03

*Check for 150.00 for 2003
Renewal and \$8.75- for
Certificates.*

*Secretary + Director have
been ~~add~~ added to Harriet Baker
as Secretary SE and D has
Been Added Jonathan Whitney
and Mark Ludtke*