

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

7/14/2004-90008-047-\$150.00-\$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -6 PM 12:03

DOCUMENT # P0200004361

1. Entity Name

DO NOT WRITE IN THIS SPACE

44040604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2503 264th St

3. Mailing Address

Suite, Apt. #, etc.

2503 264th St

City & State

O'Brien FL 32071

City & State

O'Brien FL

4. FEI Number

01-0730068

Applied For

Not Applicable

Zip

32071

Country

USA

Zip

32071

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

W.W. Sikes

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

2503 264th St

City

O'Brien

FL

Zip Code

32071

**DO NOT WRITE
IN THIS SPACE**

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 must be printed name of registered agent and typed name of agent.

(AGENT) Signature is Agent signature (must be when registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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-STATE-ZIP
President
William W. Sikes
2503 264th St
O'Brien FL 32071-4640

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SER/Treas
Tanya Sikes
2503 264th St
O'Brien FL 32071-4640

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William W. Sikes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-04

Date

(386)

935-2387

Division Phone

CR2E034B (12/01)

**SIKES INSULATION, INC.
SIKES INSULATION, INC.**

**2503 264TH STREET
O'brien, FL 32071
386/935-2387**

9-Aug-04

Annual Reports Section
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: P02000043611

Dear Sirs:

The purpose of this letter is to request that you waive the \$400.00 late filing fee for our uniform business report. The postal service recently changed most addresses in our county and mail service has been disrupted. This can be confirmed by our postmaster. We did not receive the blank form at all and when we received the late notice we paid promptly.

This is the first time anything like this has happened and we assure you we pay our taxes and fees on a timely basis. Thank you for your consideration in this matter.
If there is anything we can do to assist you, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Willis W. Sikes", with a stylized flourish at the end.

Willis William Sikes,
President