

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90002 005 ***150.00

0324633

DOCUMENT # F97000000768

1. Entity Name

LICKLE PUBLISHING, INC.

Principal Place of Business

777 SOUTH FLAGLER DR
STE W1006
WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DR
STE W1006
WEST PALM BEACH FL 33401

934592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lickle Publishing, Inc.
Suite, Apt. #, etc.
568 ISLAND DRIVE

3. Mailing Address

Lickle Publishing, Inc.
Suite, Apt. #, etc.
P.O. Box 492

City & State
PALM BEACH

City & State
MONTCHANIN, DE

4. FEI Number 65-0627064

Applied For
Not Applicable

Zip Country
33480

Zip Country
19710

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

6. Name and Address of Current Registered Agent

SELTZER, GAIL
777 S FLAGLER DR
STE W1006
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name William C. Lickle
Street Address (P.O. Box Number is Not Acceptable)
568 ISLAND DRIVE
City PALM BEACH FL Zip Code 33480

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 *William C. Lickle* *Gail SelTZer* DATE 3-10-01
(NOTE: Registered Agent signature required when reinstating)

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	PCD	<input type="checkbox"/> Delete
NAME	LICKLE, WILLIAM C	
STREET ADDRESS	568 ISLAND DR	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LICKLE, RENEE K	
STREET ADDRESS	568 ISLAND DR	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SELTZER, GAIL	
STREET ADDRESS	777 S FLAGLER DR, STE W1006	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LICKLE, GARRISON D	
STREET ADDRESS	777 S FLAGLER DR, STE W1006	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33480
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33480
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	568 ISLAND DRIVE	
CITY-ST-ZIP	PALM BEACH, FL	33480
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	568 ISLAND DRIVE	
CITY-ST-ZIP	PALM BEACH, FL	33480
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William C. Lickle* DATE 3-10-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)