

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90026 048 ***150.00

DOCUMENT # F97000000768

1. Entity Name

LICKLE PUBLISHING, INC.

Principal Place of Business

LICKLE PUBLISHING INC
 568 ISLAND DRIVE
 PALM BEACH FL 33480

Mailing Address

LICKLE PUBLISHING INC
 P O BOX 492
 MONTCHANIN DE 19710

2. Principal Place of Business

3. Mailing Address

LICKLE PUBLISHING INC.

Suite, Apt. #, etc.

568 ISLAND DRIVE

Suite, Apt. #, etc.

62 ROCKFORD ROAD

City & State

PALM BEACH, FL

City & State

WILMINGTON, DE

Zip

33480

Country

Zip

19806

Country

4. FEI Number

65-0627064

Applied For

Not Applicable

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

LICKLE, WILLIAM C
 568 ISLAND DRIVE
 PALM BEACH FL 33480

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCD
 LICKLE, WILLIAM C
 568 ISLAND DR
 PALM BEACH FL 33480 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 LICKLE, RENEE K
 568 ISLAND DR
 PALM BEACH FL 33480 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 SELTZER, GAIL
 568 ISLAND DRIVE
 PALM BEACH FL 33480 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 LICKLE, GARRISON D
 568 ISLAND DRIVE
 PALM BEACH FL 33480 ☒ Delete

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

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 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

Daytime Phone #

CR2E034 (9/01)