

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 158524

1. Entity Name

WICKIE COMPANY THE

Principal Place of Business

Mailing Address

220 WEST BROADWAY  
P. O. BOX 250  
FT MEADE FL 33841

220 WEST BROADWAY  
P. O. BOX 250  
FT MEADE FL 33841

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 59-0605708

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

WICKERSHEIM, E D  
317 1ST NE  
FT MEADE FL 33841

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	DV	<input type="checkbox"/> Delete
NAME	WICKERSHEIM, CHARLES	
STREET ADDRESS	2683 N. BROOKE RD.	
CITY-ST-ZIP	FT MEADE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WICKERSHEIM, E D	
STREET ADDRESS	317 N.E. 1ST.	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D V.	<input type="checkbox"/> Delete
NAME	WICKERSHEIM, GERALD	
STREET ADDRESS	517 N.E. 4TH STREET	
CITY-ST-ZIP	FT MEADE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ALLEN, CAROL W.	
STREET ADDRESS	420 N.E. 5TH ST.	
CITY-ST-ZIP	FT. MEADE 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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90120 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0300625

CP2502410101

1-10-01 (863) 285-8358