

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90190 014 ***150.00

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DOCUMENT # 526885

1. Entity Name

ICK-ACK, INC.

Principal Place of Business

Mailing Address

112 CLAREMONT LANE APT #2
 PALM BCH SHRS FL 33404

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 PALM BCH SHRS FL 33404

C0032077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1843095**

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

BLACK, GEORGE A.
 112 CLAREMONT LANE NO 2
 PALM BCH SHORES FL 33404

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BLACK, GEORGE A
 STREET ADDRESS 512 PLEASANT RUN DR
 CITY-ST-ZIP GREENWOOD, INDIANA 46030 ☒ Delete

TITLE PD
 NAME BLACK, GEORGE A.
 STREET ADDRESS 112 CLAREMONT LANE, NO. 2
 CITY-ST-ZIP PALM BEACH SHORES, FL 33404 ☒ Change ☐ Addition

TITLE ST
 NAME BLACK, HANNAH
 STREET ADDRESS 512 PLEASANT RUN DR
 CITY-ST-ZIP GREENWOOD IN ☒ Delete

TITLE ST
 NAME BLACK, HANNAH
 STREET ADDRESS 112 CLAREMONT LANE, NO. 2
 CITY-ST-ZIP PALM BEACH SHORES, FL 33404 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

George A. Black, PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE A. BLACK, PRES.

03-07-01

Date

561-842-0161

Daytime Phone #

CR2E034 (10/00)