

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90753 001 ***361.25

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DOCUMENT # 619675

1. Entity Name
THE VICKERS CORPORATION



Principal Place of Business
**424 E CALL STREET
TALLAHASSEE FL 32301-7612**

Mailing Address
~~**424 E CALL STREET
TALLAHASSEE FL 32301-7612**~~



2. Principal Place of Business

3. Mailing Address

1391 Timberlane Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee FL

4. FEI Number **59-1962777**

Applied For
Not Applicable

Zip

Country

Zip

Country

USA

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

**VICKERS, RAYMOND B
811 LAKE RIDGE RD.
TALLAHASSEE FL 32312**

Name **Raymond B. Vickers**

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

1391 Timberlane Road

City **Tallahassee**

FL

Zip Code **32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Raymond B. Vickers**

4-30-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VICKERS, RAYMOND B**
STREET ADDRESS **811 LAKE RIDGE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **VPD** ☐ Delete
NAME **VICKERS, MARY**
STREET ADDRESS **1102 OCEAN FRONT**
CITY-ST-ZIP **NEPTUNE BCH. FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Raymond B. Vickers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 850 668 3686

Date

Daytime Phone #

CR2E034 (10/02)