

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90004 035 \*\*\*168.75

**DOCUMENT # 692825**

**1. Entity Name**  
**JACK HICKS STEEL FABRICATION & ERECTION, INC.**

**Principal Place of Business**

**405 E. ALABAMA ST.**  
**P.O. BOX 669**  
**PLANT CITY FL 33564**

**Mailing Address**

**405 E. ALABAMA ST.**  
**P.O. BOX 669**  
**PLANT CITY FL 33564**

**2. Principal Place of Business**  
**405 East Alabama Street**

**3. Mailing Address**  
**P.O. Box 669**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Plant City, Fl.**

**City & State**  
**Plant City, Fl**

**4. FEI Number** **59-2094994**

**Applied For**  
**Not Applicable**

**Zip**  
**33566**

**Country**  
**USA**

**Zip**  
**33564-0669**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**HICKS, RUTH F**  
**405 E. ALABAMA ST.**  
**PLANT CITY FL 33566**

**7. Name and Address of New Registered Agent**

**Name**  
**Diane Elizabeth Hicks**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**405 East Alabama Street**

**City** **Plant City** **FL** **Zip Code** **33566**

**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** **Diane E. Hicks, President**

**April 24, 2002**

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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **VPD** ☐ Delete  
**NAME** **ANDREWS, JERRY D**  
**STREET ADDRESS** **405 E. ALABAMA ST.**  
**CITY-ST-ZIP** **PLANT CITY FL**

**TITLE** **D** ☒ Delete  
**NAME** **SHARKAS, CAROLYN**  
**STREET ADDRESS** **405 E. ALABAMA ST.**  
**CITY-ST-ZIP** **PLANT CITY FL**

**TITLE** **PD** ☐ Delete  
**NAME** **HICKS, DIANE E**  
**STREET ADDRESS** **405 E ALABAMA ST**  
**CITY-ST-ZIP** **PLANT CITY FL**

**TITLE** **STD** ☒ Delete  
**NAME** **HICKS, RUTH F**  
**STREET ADDRESS** **405 E. ALABAMA ST.**  
**CITY-ST-ZIP** **PLANT CITY FL**

**TITLE** **D** ☒ Delete  
**NAME** **KEEN, HELEN**  
**STREET ADDRESS** **405 E. ALABAMA ST.**  
**CITY-ST-ZIP** **PLANT CITY FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **Director/Office Manager** ☐ Change ☒ Addition  
**NAME** **Sharon Ann McDonald**  
**STREET ADDRESS** **4231 Spring Lane**  
**CITY-ST-ZIP** **Lakeland, Fl. 33811**

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

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

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

**TITLE** ☐ Change ☐ 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:** **Diane E. Hicks, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2002**

Date

**813-754-3135**

Daytime Phone #

CR2E034 (9/01)

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

656266

DOCUMENT # 692825

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JACK HICKS STEEL FABRICATION & ERECTION, INC.

DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.

3. Mailing Address

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Plant City, Fl.

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**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Diane Elizabeth Hicks

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

405 East Alabama Street

City

Plant City

FL

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SIGNATURE Diane E. Hicks, President

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

(NOTE: Registered Agent signature required when reinstating)

April 24, 2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	President, Director Diane Elizabeth Hicks 405 East Alabama Street Plant City, Fl. 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director Jerry D. Andrews 405 East Alabama Street Plant City, Fl. 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sharon A. McDonald 4231 Spring Lane Lakeland, Fl. 33811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: Diane E. Hicks, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 813-754-3135

Date Daytime Phone #

CR2E034B (12/01)