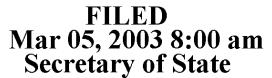
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Name THOMAS GOLLICKER & CO., INC.								03-05-2003 90069 033 *			
Principal Place of Business PO BOX 290155 PORT ORANGE FL 32129			Mailing Address PO BOX 290155 PORT ORANGE FL 32129								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State					4. FEI Number 51-0236196		pplied For ot Applicable	
Zip			Zip			ntry		5. Certificate of Status Desired \$8.75 Addition Fee Required			
	6. Name	and Address of Current	Register	ed Agent_	·		<u> </u>	7. Name and Address of New Registered Age	nt		
						Name					
GOLLICKER, THOMAS G				Street Address			ddress (F	(P.O. Box Number is Not Acceptable)			
1910 WHISPERWOOD WAY						- Contract of the contract of					
DAYTONA	A BEACH FL	. 32124						· ·			
						City			Zip Cod		
						'		FL			
the obliga	e named entity itions of regist	v submits this statement for ered agent.	the purp	oose of changing its	registere	ed office o	r registere	d agent, or both, in the State of Florida. I am fami	liar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	plicable. (NOT	: E: Registere	d Agent signat	ure required w	nen 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.	\$5.0 Added	0 May Be I to Fees	
10.		OFFICERS AND [DIRECTO	PRS	11.		_	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS	3 IN 11	
TITLE	PC	-		☐ Delete	TITLE				Change	Addition	
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CITY-ST-ZIP						ST-ZIP				}	
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12. Thereby o	ertify that the	information cumplied with the	sia filiaa	door not availt it	41						

I nereby 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposer of the corporation or on an attachment with an address, with all their like impowered.

SIGNATURE:

386-763-1592