

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2002 90022 045 ***150.00

DOCUMENT # F93000002341

1. Entity Name

WICKS 'N' STICKS, INC.

Principal Place of Business

**333 N SAM HOUSTON PKWY
 SUITE 610
 HOUSTON TX 77060-2484
 US**

Mailing Address

**333 N SAM HOUSTON PKWY
 SUITE 610
 HOUSTON TX 77060-2484
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0388111

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2002 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 ☐ Delete
 NAME **VCP**
 STREET ADDRESS **SIVITZ, WILLIAM D**
 CITY-ST-ZIP **266 PROVINCE LINE ROAD**
SKILLMAN NJ

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ARTHURS, D. ROSS**
 CITY-ST-ZIP **191 MARSHALL CORNER, WOODSVILLE ROAD**
PENNINGTON NJ

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

TITLE ☒ Delete
 NAME **VFS**
 STREET ADDRESS **MOYLAN, BETH**
 CITY-ST-ZIP **1110 S LAFAYETTE**
ROYAL OAK MI 48067

TITLE ☐ Change ☒ Addition
 NAME **S.**
 STREET ADDRESS **DAY, OCEANA**
 CITY-ST-ZIP **15907 Echo Lodge**
HOUSTON TX 77095

TITLE ☒ Delete
 NAME **VPO**
 STREET ADDRESS **JAMESON, MARK**
 CITY-ST-ZIP **18 DOVEPLUMB PLACE**
THE WOODLANDS TX 77382

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **FIRESTONE, MATTHEW**
 CITY-ST-ZIP **3175 SANTA BARBARA DR.**
WEST PALM BEACH, FL 33414

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Deanna Day
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

281-618-4000
 Daytime Phone #

CR2E034 (9/01)