2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90002 005 ***150.00

0324633

DOCUMENT # F97000000768

1. Entity Name
LICKLE PUBLISHING, INC.

934592

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
777 SOUTH FLAGLER DR STE W1006 WEST PALM BEACH FL 33401	777 SOUTH FLAGLER DR STE W1006 WEST PALM BEACH FL 33401

2. Principal Place of Business	3. Mailing Address
Lickle Publishing, Inc	Lickle Publishing, Inc
Suite, Apt. #, etc. 568 Island Drive	Suite, Apt. #, etc. P.O. Box 492
City & State Palm Beach	City & State Montchanin, DE
Zip 33480	Country
	Zip 19710
	Country

4. FEI Number 65-0627064 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SELTZER, GAIL
777 S FLAGLER DR
STE W1006
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: William C. Lickle
Street Address (P.O. Box Number is Not Acceptable): 568 Island Drive
City: Palm Beach FL Zip Code: 33480

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] William C. Lickle ~~Gail Seltzer~~ 3-10-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD LICKLE, WILLIAM C 568 ISLAND DR PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LICKLE, RENEE K 568 ISLAND DR PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SELTZER, GAIL 777 S FLAGLER DR, STE W1006 WEST PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 568 ISLAND DRIVE PALM BEACH, FL 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LICKLE, GARRISON D 777 S FLAGLER DR, STE W1006 WEST PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 568 ISLAND DRIVE PALM BEACH, FL 33480
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CR2E034 (10/00)

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: [signature] 3-10-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #