

FILED

03-02-2001 90081 038 ***150.00

C0028597



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000004097

1. Entity Name
ALEC HICKS JR., LTD., INC.

Principal Place of Business
209 BARTON AVE
PALM BCH FL 33480

Mailing Address
209 BARTON AVE
PALM BCH FL 33480

2. Principal Place of Business
209 Barton Ave
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

6. Name and Address of Current Registered Agent
HICKS, ALEC JR
209 BARTON AVENUE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSTD HICKS, ALEC JR. 209 BARTON AVE PALM BCH FL 33480
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 561 832 2076
Date Day/mo Phone #

Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90081 038 ***150.00

C0028597
[Barcode]
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4. FEI Number 23-2632698
Applied For
Not Applicable

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