

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001498

1. Entity Name

STICKY SIXX, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90095 007 ***150.00

Principal Place of Business

Mailing Address

235 MEETING STREET 900 HOUSTON ^{NORTH} CUTT
CHARLESTON SC 29401 MT. PLEASANT, SC
29407

C0044594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

363 Atlantic Blvd 900 Houston Northcutt Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Atlantic Beach, FL Mt. Pleasant, SC

Zip

Country

Zip

Country

32233 USA 29404 USA

4. FEI Number

57-1078103

Applied For

Not Applicable

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

NICOL, DONALD C
363 ATLANTIC BLVD
ATLANTA BEACH FL 32233

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]

3-21-00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLDORF, ROBERT C	NAME	
STREET ADDRESS	235 MEETING STREET	STREET ADDRESS	900 HOUSTON NORTH CUTT BLVD
CITY-ST-ZIP	CHARLESTON SC	CITY-ST-ZIP	MT. PLEASANT, SC 29464
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, JEFFREY P	NAME	
STREET ADDRESS	235 MEETING STREET	STREET ADDRESS	900 HOUSTON NORTH CUTT BLVD
CITY-ST-ZIP	CHARLESTON SC	CITY-ST-ZIP	MT. PLEASANT, SC 29464
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISCHEID, TODD D	NAME	
STREET ADDRESS	235 MEETING STREET	STREET ADDRESS	900 HOUSTON NORTH CUTT BLVD
CITY-ST-ZIP	CHARLESTON SC	CITY-ST-ZIP	MT. PLEASANT, SC 29464
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOL, DONALD C	NAME	
STREET ADDRESS	363 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature] EISCHEID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-00

Daytime Phone #

(843) 849-8495

CR25034 (9/99)