

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90043 032 ****61.25

DOCUMENT # N96000001588



1. Entity Name
WICKHAM-95 COMMERCIAL DISTRICT ASSOCIATION, INC.

Principal Place of Business

**7380 MURRELL RD
STE. 201
VIERA FL 32940
US**

Mailing Address

**7380 MURRELL RD
STE. 201
VIERA FL 32940
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3307459**

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

**DECATOR, JAY A I
7380 MURELL RD, SUITE 201
VIERA FL 32940**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	DECATOR, JAY	
STREET ADDRESS	7380 MURELL RD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTELL, PAUL	
STREET ADDRESS	7380 MURELL RD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, C SCOTT	
STREET ADDRESS	7380 MURRELL RD SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SKATON REQUIRED**

2-27-03 321-242-1200

CR2E037 (10/02)