

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015513

1. Entity Name

WICKHAM & 95 CORP.

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 029 ***150.00

Principal Place of Business

901 S FEDERAL HWY
STE #101
FT. LAUDERDALE FL 33316
US

Mailing Address

150 NORTH FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

901 South Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.
101

City & State

City & State
Fort Lauderdale, FL

4. FEI Number

65-0984228

Applied For

Not Applicable

Zip

Country

Zip

Country

33316

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKES, JOHN P
150 NORTH FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

WILKES, JOHN P.

Street Address (P.O. Box Number is Not Acceptable)

901 South Federal Highway

Suite 101A

City

Fort Lauderdale

FL

Zip Code

33316

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 \$350.00
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 PD
NAME JOYNER, WILLIAMS A
STREET ADDRESS 901 S FEDERAL HWY STE 101
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

954-761-8330

Daytime Phone #