

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076922

1. Entity Name  
FICQUETTE ENTERPRISES, INC.Principal Place of Business  
6101 PIER PLACE DR  
LAKELAND FL 33813Mailing Address  
6101 PIER PLACE DR  
LAKELAND FL 338132. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.4. FEI Number  
59-3663396Applied For  
Not Applicable5. 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

WELCH, JAMES S  
4404 S FLORIDA AVE, EXECUTIVE PLAZA, STE 3  
LAKELAND FL 33813

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, 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 State10. 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 P  Delete  
NAME FICQUETTE, RICHARD A  
STREET ADDRESS 6101 PIER PLACE DR  
CITY-ST-ZIP LAKELAND FL 33813TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST  Delete  
NAME FICQUETTE, HARRY S JR  
STREET ADDRESS 6101 PIER PLACE DR  
CITY-ST-ZIP LAKELAND FL 33813TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2346 OLANDER STREET  
GREEN COVE SPRINGS FL 32043TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
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CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: *Harry S. Ficquette Jr.*

/ HARRY S. FICQUETTE JR.

1-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)