**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2002 8:00 am & Secretary of State DOCUMENT # P00000113229 1. Entity Name WICASA, INC. 05-14-2002 90387 001 \*\*\*\*\*8.75 05-14-2002 90387 002 \*\*\*150.00 Principal Place of Business Mailing Address 2770 HWY 29 PO BOX 567 COPELAND FL 34137 COPELAND FL 34137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 0/ - 0673 APPLIED FOR City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIDDER, LYCURGUS E Street Address (P.O. Box Number is Not Acceptable) 2770 HWY 29 PO BOX 567 **COPELAND FL 34137** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HILL, STEVEN STREET ADDRESS STREET ADDRESS 2770 HWY 29, PO BOX 567 CITY-ST-ZIP CITY-ST-ZIP COPELAND FL 34137 TITLE ☐ Delete Change **VS** TITLE ☐ Addition NAME KIDDER, LYCURGUS E NAME STREET ADDRESS STREET ADDRESS 2770 HWY 29, PO BOX 567 CITY-SY-ZIP CITY-ST-ZIP COPELAND FL 34137 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ 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.

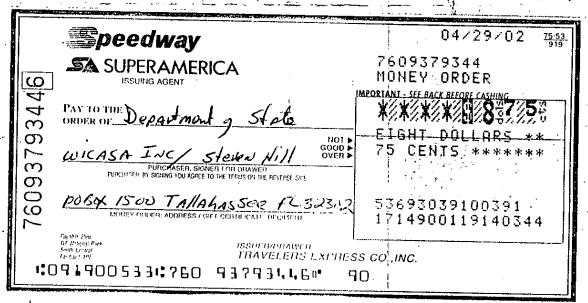
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## Bank of America

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