

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90387 001 *****8.75
 05-14-2002 90387 002 ***150.00

UCS9418 A1

DOCUMENT # P00000113229

1. Entity Name
WICASA, INC.

Principal Place of Business 2770 HWY 29 COPELAND FL 34137	Mailing Address PO BOX 567 COPELAND FL 34137
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **01-0673179** Applied For
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

KIDDER, LYCURGUS E
2770 HWY 29
PO BOX 567
COPELAND FL 34137

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HILL, STEVEN 2770 HWY 29, PO BOX 567 COPELAND FL 34137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KIDDER, LYCURGUS E 2770 HWY 29, PO BOX 567 COPELAND FL 34137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: *Steven Hill* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 **(941) (239) 825-9062**
 Date Daytime Phone #

ATTACHMENT

FLA Dept. of State

4-29-02

Enclosed CK. 2108169 150⁰⁰
" " MO# 76093793446 8⁷⁵

Renewal
Certificate

Steven Hill Pres.
WICASA Inc.

P00000113229

Speedway
SA SUPERAMERICA
ISSUING AGENT

04/29/02 75-93
919

7609379344
MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

7609379344
EIGHT DOLLARS **
75 CENTS *****

53693039100391
1714900119140344

PAY TO THE ORDER OF Department of State
WICASA INC / Steven Hill

PURCHASER, SIGNER FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

PO BOX 1500 TALLAHASSEE FL 32312
MONEY ORDER ADDRESS / GIFT CERTIFICATE IF APPLICABLE

NOT GOOD OVER

ISSUED/DRAWN BY
TRAVELERS EXPRESS CO., INC.

76093793446

0919005330760 93793446 90

Bank of America

Cashier's Check

No. 2108169

VOID AFTER 90 DAYS
Date APRIL 29, 2002

Banking Center DANIELS CROSSING

0109554 00025 2108169

Remitter (Purchased By) WICASA, INC. - STEVEN HILL

Pay **ONE HUNDRED FIFTY DOLLARS AND 00 CENTS**

To The Order Of **FLORIDA DEPARTMENT OF STATE**

Authorized Signature

09-14-3725B 6-2001

Bank of America, N.A.
San Antonio, Texas

150.00

2108169 0014000019 001641002054

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK