

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

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0673179**
APPLIED FOR

Applied For

Not Applicable

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

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, 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 **PT** ☐ Delete
 NAME **HILL, STEVEN**
 STREET ADDRESS **2770 HWY 29, PO BOX 567**
 CITY-ST-ZIP **COPELAND FL 34137**

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

TITLE **VS** ☐ Delete
 NAME **KIDDER, LYCURGUS E**
 STREET ADDRESS **2770 HWY 29, PO BOX 567**
 CITY-ST-ZIP **COPELAND FL 34137**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

STEVEN HILL **REMOVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 **(941)**
(239) 825-9062

Date

Daytime Phone #

CR2E034 (9/01)

Fla Dept. of State

4-29-02

Enclosed CK. 210 8169 150⁰⁰
" ~~MOA~~ - # 76093793446 875

Renewal
cert. & contr.

Steven Hef Pres.
WICASA Inc.

P00000113229

Bank of America 

Cashier's Check

No. 2108169

09-14-3725B 6-2001

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

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

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

Banking Center **DANIELS CROSSING**

0109554 00025 2108169

WICASA, INC. - STEVEN HILL

Remitter (Purchased By)

****150.00****

Authorized Signature

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

09-14-3725B 6-2001

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

№ 2108169 № 1114000019: 001641002054

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK