

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-17-2002 90013 029 ***150.00

DOCUMENT # P01000031852

1. Entity Name

WICKER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~4190 WEST ORANGE STREET~~

~~4190 WEST ORANGE STREET~~

~~ALBANY, FL 31704~~

~~ALBANY, FL 31704~~

93646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4190 TOM COURT

3. Mailing Address

4190 TOM COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIMS, FL

City & State

MIMS, FL

Zip

32754

Country

Zip

32754

Country

4. FEI Number

59-3706097

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

Name

MICHAEL D. WICKER

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

4190 TOM COURT

City

MIMS

FL

Zip Code

32754

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

Michael D. Wicker

Signature, typed or printed name of registered agent and 100 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-02

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

| | | |
|--|---|---------------------------------|
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4190 TOM COURT MIMS, FL 32754 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Michael D. Wicker

4-24-02

Date

Daytime Phone #

CR2E034 (9/01)