

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054577					
1. Entity Name WICHMAN & ASSOCIATES, INC.					
Principal Place of Business 19841 NW 87TH PLACE MIAMI LAKES, FL 33018			Mailing Address 19841 NW 87TH PLACE MIAMI LAKES, FL 33018		
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 71-0884660	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICHMAN, MICHAEL A 19841 NW 87TH PLACE MIAMI LAKES, FL 33018				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when amending)					
9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	PS			Change Addition	
	WICHMAN, MICHAEL A				
	19841 NW 87TH PL				
	MIAMI LAKES, FL 33018				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael A. Wichman</i>				4/28/03 305 829 4711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CR2E034 (10/02)