


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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90200 008 ***150.00

| | |
|---|---|
| DOCUMENT # P03000143864 |  |
| 1. Entity Name Richard Hicks Inc. | |

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94062893

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| 2. Principal Place of Business 4700 85th Ave N | 3. Mailing Address 4700 85th Ave N |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State Pinellas Park FL | City & State Pinellas Park FL |
| Zip 33781 | Zip 33781 |
| Country USA | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 04-3780295 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of Current Registered Agent | |
| Name Spiegel & Utrera, P.A. | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1840 Coral Way, 4th Floor | |
| City Miami | Zip Code FL 33145 |

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 signature required when reinstating) DATE _____

| | |
|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P-S-T Richard Hicks 4700 85th Ave N Pinellas Park Florida 33781 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard L Hicks** **RICHARD L HICKS** 4-20-04 (727) 804-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)