

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90114 044 ***158.75

DOCUMENT # **P94000000780**
1. Entity Name
WYKA Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3822 E GULF TO LAKE HWY
Suite, Apt. #, etc.

3. Mailing Address
517 WHISPERING PINES BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INVERNESS FL

City & State
INVERNESS FL

4. FEI Number
59-3221608

Applied For
☐ Not Applicable

Zip
34453

Country
USA

Zip
34453

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EDWARD W. WYKA

Street Address (P.O. Box Number is Not Acceptable)
517 WHISPERING PINES BLVD

City
INVERNESS FL

Zip Code
34453

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WYKA, MARGARET A 517 WHISPERING PINES BLVD INVERNESS FL 34453	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WYKA, EDWARD W 517 WHISPERING PINES BLVD INVERNESS FL 34453	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYKA, MICHAEL H. 12028 S ELM PT FLORAL CITY FL 34436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Margaret A. Wyka**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2002 352 726 6306
Date Daytime Phone #

CR2E034B (12/01)