

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90102 004 \*\*\*158.75

011138

**DOCUMENT # P96000009932**

1. Entity Name

**WICKETT CORP.**

Principal Place of Business

1598 NE 180TH STREET  
N. MIAMI BEACH FL 33162-1412

Mailing Address

10031 NW 35 ST  
HOLLYWOOD FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0660688**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRAND, MARK S ESQ.**  
**3440 HOLLYWOOD BLVD., SUITE #450**  
**HOLLYWOOD FL 33021**

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.

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, 2001 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

TITLE **D** ☐ Delete  
NAME **WICKETT, ALICE**  
STREET ADDRESS **1598 NE 180TH STREET**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33162-1412**

TITLE **D** ☐ Delete  
NAME **WICKETT, NICHOLAS**  
STREET ADDRESS **8834 HILLSDALE DR**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete  
NAME **WICKETT, BONNIE**  
STREET ADDRESS **16298 NW 45 AVE**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ Delete  
NAME **KRAMER, LORIE**  
STREET ADDRESS **1533 STRUGIS RD**  
CITY-ST-ZIP **ROCKHILL SC 29730**

TITLE **D** ☐ Delete  
NAME **WICKETT, JAMES JR.**  
STREET ADDRESS **10031 NW 35 ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ Delete  
NAME **COOK, CINDY**  
STREET ADDRESS **599 N LOUISIANA AVE 117**  
CITY-ST-ZIP **ASHVILLE NC 28806**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)