

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90190 036 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0660688

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WICKETT, ALICE	
STREET ADDRESS	1598 NE 180TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162-1412	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICKETT, NICHOLAS	
STREET ADDRESS	8834 HILLSDALE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICKETT, BONNIE	
STREET ADDRESS	16298 NW 45 AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, LORIE	
STREET ADDRESS	1533 STRUGIS RD	
CITY-ST-ZIP	ROCKHILL SC 29730	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICKETT, JAMES JR.	
STREET ADDRESS	10031 NW 35 ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, CINDY	
STREET ADDRESS	50 VICTORY LANE	
CITY-ST-ZIP	ASHVILLE NC 28806	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9352 Comeau St.
CITY-ST-ZIP	Gotha, FL 34734
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14809 n. 69th Street
CITY-ST-ZIP	Loxahatchee, FL 33474
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11 Victory Lane
CITY-ST-ZIP	Asheville, NC 28804

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 Block 11 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 #

4-22-03

CR2E034 (10/02)