

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051914

Entity Name
THE BICKEL GROUP, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90081 047 ***150.00

Principal Place of Business

20 ROBERT AVE.
LEHIGH ACRES FL 33972

Mailing Address

620 ROBERT AVE.
LEHIGH ACRES FL 33972



DO NOT WRITE IN THIS SPACE

Principal Place of Business

620 ROBERT AVE

Suite, Apt. #, etc.

LEHIGH ACRES

City & State

FL

3. Mailing Address

620 ROBERT AVE

Suite, Apt. #, etc.

LEHIGH ACRES

City & State

FL

4. FEI Number

52-2045185

Applied For

Not Applicable

Zip

33972

Country

LEE

Zip

33972

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEANE, ROBERT A
620 ROBERT AVE.
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ROBERT A DEANE ST

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

(NOTE: Registered Agent signature required when reinstating)

01-19-02

DATE

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BICKEL, MARLIES	
STREET ADDRESS	2502 EAST 7TH ST.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	V	<input type="checkbox"/> Delete
NAME	BICKEL, FRIEDRICK	
STREET ADDRESS	2502 EAST 7TH ST.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEANE, ROBERT A	
STREET ADDRESS	620 ROBERT AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 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	

3. 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 (9/01)