

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90027 003 \*\*\*150.00

**DOCUMENT # P97000055583**

1. Entity Name

**SOBIK'S SUB'S OF WINTER GARDEN, INC.**

Principal Place of Business

12307 W. COLONIAL DRIVE  
GARDEN FL 34787

Mailing Address

1002 SPRING CREEK DR.  
OCOE FL 34761-1933

2. Principal Place of Business

12307 W. Colonial DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Winter Garden FLA

Zip

34787 -

Country

City &amp; State

Zip

3

Country

4. FEI Number

59-3480808

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, JOHNNY D.  
1002 SPRING CREEK DR.  
OCOE FL 34761

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HICKMAN, JOHNNY D	1002 SPRING CREEK DR.	OCOE FL 34761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SCHERMERHORN HICKMAN, GAIL	1002 SPRING CREEK DR.	OCOE FL 34761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

3-4-00 407-877-8700

Date

Daytime Phone #

CR2E034 (9/99)