

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

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 007 ***150.00

DOCUMENT # **P98000014682**
1. Entity Name
WYCK DATA CORP



DO NOT WRITE IN THIS SPACE

54022594

2. Principal Place of Business 3840 W. HILLSBORO BLVD Suite, Apt. #, etc. 201 City & State DEERFIELD BEACH FLA Zip 33442 Country BROWARD		3. Mailing Address 3840 W. HILLSBORO BLVD Suite, Apt. #, etc. 201 City & State DEERFIELD BEACH, FLA Zip 33442 Country BROWARD	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2640577	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **ROBERT ZELINKA**
Street Address (P.O. Box Number is Not Acceptable)
15919 LAUREL CREEK DRIVE
City **DELRAY BEACH** FL Zip Code **33446**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT HERMAN BLANK 1001 PROMENADE DR #501 BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR ROBERT ZELINKA 15919 LAUREL CREEK DRIVE DELRAY BEACH FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Herman Blank** **HERMAN BLANK** 3/23/04 561-750-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)