

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000037276**

1. Entity Name

**WICKS, BROWN, WILLIAMS & CO. FINANCIAL SERVICES****FILED****Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90040 026 \*\*\*150.00

Principal Place of Business

Mailing Address

**140 SOUTH COMMERCE**  
**SEBRING FL 33870****140 SOUTH COMMERCE**  
**SEBRING FL 33870-3601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0828360**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILKES, W R**  
**140 SOUTH COMMERCE AVENUE**  
**SEBRING FL 33870**

Name

**W. Bruce Stratton**

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

**109 E Interlake Blvd**

City

**Lake Placid****FL**

Zip Code

**33852**

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

**W. Bruce Stratton Pres****3/24/00**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKES, W R</b>	NAME	
STREET ADDRESS	<b>140 SOUTH COMMERCE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRATTON, W. BRUCE</b>	NAME	
STREET ADDRESS	<b>109 E INTERLAKE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, C. MARK</b>	NAME	
STREET ADDRESS	<b>140 S COMMERCE AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	CITY-ST-ZIP	
TITLE	<b>AST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JOHN W</b>	NAME	
STREET ADDRESS	<b>140 S COMMERCE AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:****W. Bruce Stratton****3/24/00****863 382 1157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)