FILED Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90063 034 ***150.00

2002 UNIFO	RM BUSINESS REP	ORT (UBR)
DOCUMENT # 1. Entity Name SICKORA & SON, INC.	P98000068113	
Principal Place of Business 9715 TYPHOON PLACE LAND O'LAKES FL 34639	Mailing Address 9715 TYPHOON PLACE LAND O'LAKES FL 3463	9
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4.
Zin Co.	mtm . Zin	Country

LAND O'LAKES FL 34639			LAND O'LAKES FL 34639								140 00 1144 1000	
		——————————————————————————————————————										
2. Principal Place of Business		3	3. Mailing Address						501 4 8 411 4 8 111		[14 110 1111 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For Not Applicable						
Zip	Country		Zip	Cour	ntry		5 . C	Certificate of Status Desired		\$8.75 Ad	ditional	
	- 6Name and Address of Cu	rrent Reg	istered Agent			- <u></u>	7:-N	lame and Address of New F	Registered	l'Agent		
					Name	-		_	_			
SICKORA, RICHARD T SR 9715 TYPHOON PLACE					Street Address (P.O. Box Number is Not Acceptable)							
	LAND O'LAKES FL 34639											
					City				FI	Zip Cod	le	
8. The above	named entity submits this statem	ent for the	e purpose of changing its	register	ed office or	registered	d age	ent, or both, in the State of Flo	orida.			
SIGNATURE.	Signature, typed or printed name of registered	d agent and ti	tle if applicable. (NOTE	: Registere	ed Agent signatu	ure required wh	hen rei	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. Make Check Payable to I)2 Fee	will be \$5	50.00		10. Election Campaign Fir Trust Fund Contribution	-		00 May Be		
11.	OFFICERS	AND OIR	Make Check Payab	12.	epartmeni	or State	1	DITIONS/CHANGES TO OFF	EICEDO AN	ID DIRECTOR	9 INI 11	
TITLE	V	AND OIN	□ Delete	TITL	F		AUL	DITIONS/CHANGES TO OFF	TOLING AIN	Change	Addition	
	SICKORA, RICHARD T SR		L Delcte	NAM						C3 oumigo		
STREET ADDRESS	9715 TYPHOON PLACE				EET ADDRESS							
CITY-ST-ZIP	LAND O'LAKES FL 34639				-ST-ZIP	_						
STITLE NAME	P SIGNARD T.II		☐ Delete	TITLI NAM						[] Change	☐ Addition	
:NAME :STREET ADDRESS	SICKORA, RICHARD T II 7106 DECISION ROAD				EET ADDRESS							
CITY-ST-ZIP	LAND O'LAKES FL 34639				-ST-ZIP	l					Ì	
TITLE	S		☐ Delete	TITLI	E	-			<u></u>	-[] Change	Addition	
NAME	WYNN, TARA			NAM								
STREET ADDRESS CITY-ST-ZIP	7106 DECISION RD			- 1	ET ADDRESS -ST-ZIP							
TITLE	LAND O LAKES FL 34639		□ Delete	TITL						Change	Addition	
NAME			□ neicie	NAM						L_ change		
STREET ADDRESS				STRE	ET ADDRESS							
CITY - ST - ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITL	ſ					Change	Addition	
NAME STREET ADDRESS				MAM	ET ADDRESS						ł	
CITY-ST-ZIP					-ST-ZIP						{	
TITLE	<u> </u>		☐ Delete	TITLE		 -				[] Change	Addition	
NAME				NAM						<u> </u>	_	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	Property of the state of the st	1 24 22	***		-ST-ZIP	L		40.07(0)()) El 0	1.6			
13. Thereby o	certify that the information supplied	a with this	: Tiling does not qualify for	tne exe	motion state	ea in Sect	ion 1	19.07(3)(I). Florida Statutes.	i further ce	ertity that the i	ntormation I	

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:

2-13-02

Daytime Phone #