

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096096

1. Entity Name

POST & WICKHAM CORPORATION

FILED

02 JUN 18 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
901 SOUTH FEDERAL HIGHWAY
STE 101
FORT LAUDERDALE FL 33316

Mailing Address
901 SOUTH FEDERAL HIGHWAY
STE 101
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0885151

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

WILKES, JOHN P ESQUIRE
150 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL

Name WILKES, JOHN P.

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

901 South Federal Highway, Suite 101A

City Fort Lauderdale

FL

Zip Code 33316

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 restatesting)

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME JOYNER, WILLIAMS A ☐ Delete
STREET ADDRESS 901 S. FEDERAL HWY #101
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE PD ☒ Change ☐ Addition
NAME JOYNER, Williams A.
STREET ADDRESS 901 South Federal Highway, Suite 101
CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ Change ☐ Addition

TITLE D ☒ Delete
NAME EULER, ERNIE
STREET ADDRESS 901 S. FEDERAL HWY #101
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 7000006534627--5
CITY-ST-ZIP -07/19/02--01064--017

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)