

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000098496

1. Entity Name
 TYCKER, INC.

Principal Place of Business 8992 S.W. 59 ST. COOPER CITY FL 33328	Mailing Address 8992 S.W. 59 ST. COOPER CITY FL 33328
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2. Principal Place of Business 7748 TAFT ST	3. Mailing Address 7748 TAFT ST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
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4. FEI Number 65-0961082	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33024	Country	Zip 33024	Country
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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

HOGAN EDWARD
 8992 S.W. 59 ST.

 COOPER CITY FL 33328 US

Name HOGAN EDWARD
Street Address (P.O. Box Number is Not Acceptable) 7748 TAFT ST
City PEMBROKE PINES FL Zip Code 33024

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 _____ DATE **02/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete
NAME HOGAN EDWARD	
STREET ADDRESS 8992 S.W. 59 ST.	
CITY-ST-ZIP COOPER CITY FL 33328	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Edward Hogan **D** 02/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)