

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90582 006 ***150.00

DOCUMENT # V35596

1. Entity Name
TIKCO ENTERPRISES, INC.

Principal Place of Business LEPARC #1702 4951 GULF SHORE BLVD., NORTH NAPLES FL 34103 US	Mailing Address LEPARC #1702 4951 GULF SHORE BLVD., NORTH NAPLES FL 34103 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0911692**

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

**COX, JOE B
 P.O. BOX 413032
 3001 TAMiami TRAIL NORTH
 NAPLES FL 34103**

Name: **HUJSA, HOWARD M**
 Street Address (P.O. Box Number is Not Acceptable)
96 CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
 City **NAPLES** FL Zip Code **34103**

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 *Howard M. Hujsa*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/01**

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	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONAGH, THOMAS R			NAME			
STREET ADDRESS	4951 GULF SHORE BLVD. N.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONAGH, GLORIA S.			NAME			
STREET ADDRESS	4951 GULF SHORE BLVD N			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP			
TITLE	ASD	<input checked="" type="checkbox"/> Delete		TITLE	ASD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COX, JOE B			NAME	HUJSA, HOWARD M.		
STREET ADDRESS	3001 TAMiami TRAIL NORTH			STREET ADDRESS	3001 TAMiami TRAIL NORTH		
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP	NAPLES FL 34103		
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			
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: *Thomas P. McDonagh Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/9/01** Daytime Phone # **941-434-7064**

CR2E034 (10/00)