FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91164 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65565

1. Entity Name
J & W'S WICKER STORE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3351 N FEDERAL HWY	3351 N FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0362311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Annual Report Fee is $150.00
Late Year Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRST
NAME	ACOSTA, GERARDO
STREET ADDRESS	3351 N FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	DV
NAME	ACOSTA LINDA
STREET ADDRESS	3351 N FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034(R 1/2/02)

12. 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 10 or 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deirdre A Coste V.P. April 30, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

LINDA ACOSTA 4/30/02 561-732-4288