

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70813

1. Entity Name

SIKES INDUSTRIES, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90101 039 ***158.75

Principal Place of Business

1904 LISENBY AVE
PANAMA CITY 32405
US

Mailing Address

PO BOX 35126
PANAMA CITY 32412-5126
US

2. Principal Place of Business

8030 HWY 77

3. Mailing Address

P.O. BOX 8366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTHPORT, FLORIDA

City & State

SOUTHPORT, FLORIDA

4. FEI Number

59-3147494

Applied For

Not Applicable

Zip

32409

Country

BAY

Zip

32409

Country

BAY

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIKES, HUBERT LUMAR J
1904 LISENBY AVE
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

HUBERT L. SIKES JR.

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

8030 HWY 77

City

SOUTHPORT

FL

Zip Code
32409

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

HUBERT L. SIKES, JR., PRESIDENT 3-01-00

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	V	NAME	SIKES, KELLY H	STREET ADDRESS	129 PALM HARBOR BLVD.	CITY-ST-ZIP	PANAMA CITY BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE	S	NAME	BOWEN, STACIE R	STREET ADDRESS	9315 GOBBLER CIRCLE	CITY-ST-ZIP	PANAMA CITY FL 32409	<input type="checkbox"/> Delete
TITLE	P	NAME	SIKES, HUBERT L J	STREET ADDRESS	1904 LISENBY AVE	CITY-ST-ZIP	PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S/T	NAME	GALBREATH, STACIE R.	STREET ADDRESS	9315 GOBBLER CIRCLE	CITY-ST-ZIP	SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	NAME	SIKES, HUBERT L.	STREET ADDRESS	8030 HWY 77	CITY-ST-ZIP	SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

HUBERT L. SIKES, JR. 3-01-00 850-271-2320

Date

Daytime Phone #

CR2E034 (9/99)