

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-09-2000 90101 039 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # V70813

1. Entity Name
SIKES INDUSTRIES, INC.

Principal Place of Business Mailing Address
1904 LISENBY AVE **PO BOX 35126**
PANAMA CITY 32405 **PANAMA CITY 32412-5126**
US **US**

2. Principal Place of Business 3. Mailing Address
8030 HWY 77 **P.O. BOX 8366**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SOUTHPORT, FLORIDA **SOUTHPORT, FLORIDA**

Zip Country Zip Country
32409 **BAY** **32409** **BAY**

4. FEI Number Applied For
59-3147494 Not Applicable

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: *[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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: SIKES, KELLY H STREET ADDRESS: 129 PALM HARBOR BLVD. CITY-ST-ZIP: PANAMA CITY BCH. FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S <input type="checkbox"/> Delete	NAME: BOWEN, STACIE R STREET ADDRESS: 9315 GOBBLER CIRCLE CITY-ST-ZIP: PANAMA CITY FL 32409	TITLE: S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GALBREATH, STACIE R. STREET ADDRESS: 9315 GOBBLER CIRCLE CITY-ST-ZIP: SOUTHPORT, FL 32409
TITLE: P <input type="checkbox"/> Delete	NAME: SIKES, HUBERT L J STREET ADDRESS: 1904 LISENBY AVE CITY-ST-ZIP: PANAMA CITY FL 32405	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SIKES, HUBERT L. STREET ADDRESS: 8030 HWY 77 CITY-ST-ZIP: SOUTHPORT, FL 32409
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <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]* **HUBERT L. SIKES, JR.** **3-01-00** **850-271-2320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)