

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03-31-2003 90209 031 \*\*\*\*\*70.00  
N02000000554


**FILED**

03 MAY -5 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHECK HERE IF MAKING CHANGES

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DOCUMENT # <b>N02000000554</b>			
1. Entity Name <b>WILDLIFE RESCUE OF LEVY CO. INC.</b>			
Principal Place of Business <b>14160 NE 51 PLACE WILLISTON FL 32696</b>		Mailing Address <b>14160 NE 51 PLACE WILLISTON FL 32696</b>	
2. Principal Place of Business <b>14160 N.E. 51 PL. WILLISTON, FL 32696</b> Suite, Apt. #, etc. <b>N/A</b>		2. Mailing Address <b>SAME</b> Suite, Apt. #, etc. <b>N/A</b>	
City & State <b>WILLISTON FLA.</b>		City & State <b>WILLISTON FLA.</b>	
4. FEI Number <b>75-2995379</b>		Applied For Not Applicable	
Zip <b>32696</b>		Country <b>U.S.A.</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PIPER, EDWARD 14160 NE 51 PLACE WILLISTON FL 32696</b>		7. Name and Address of New Registered Agent Name <b>EDWARD D. PIPER</b> Street Address (P.O. Box Number is Not Acceptable) <b>14160 N.E. 51 PL.</b> City <b>WILLISTON, FLA. FL</b> Zip Code <b>32696</b>	
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 <i>Edward D. Piper</i> <small>(Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b> NAME <b>PIPER, EDWARD</b> STREET ADDRESS <b>14160 NE 51 PLACE</b> CITY-ST-ZIP <b>WILLISTON FL 32696</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>DAVE THOMAS</b> STREET ADDRESS <b>11069 N.E. 14TH AVE.</b> CITY-ST-ZIP <b>BRANFORD, FL. 32008</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>PIPER, MARY</b> STREET ADDRESS <b>14160 NE 51 PLACE</b> CITY-ST-ZIP <b>WILLISTON FL 32696</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>SARAH JURALDO</b> STREET ADDRESS <b>11234 N. LAKE RD</b> CITY-ST-ZIP <b>ESPYVILLE, PA. 16424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>SLAUGHTER, OLIN</b> STREET ADDRESS <b>14160 NE 51 PLACE</b> CITY-ST-ZIP <b>WILLISTON FL 32696</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MACRINAL</b> STREET ADDRESS <b>14160 NE 51 PLACE</b> CITY-ST-ZIP <b>WILLISTON FL 32696</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>DAVE THOMAS</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 thereof; that I am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Edward D. Piper</i>		Date <b>01-24-03</b> 352-528-2777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR</small>			

CR2002-111003

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