

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90013 010 \*\*\*\*61.25

**DOCUMENT # N97000002236**  
 1. Entity Name  
**WILD ONES-ANIMAL ENCOUNTERS, INC.**

Principal Place of Business <b>3076 BRANTLEY BLVD NAPLES FL 34117 US</b>	Mailing Address <b>3076 BRANTLEY BLVD NAPLES FL 34117-4011 US</b>
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2. Principal Place of Business Suite, Apt. #, etc <b>N/A</b>	3. Mailing Address Suite, Apt. #, etc <b>N/A</b>
City & State <b>N/A</b>	City & State <b>N/A</b>
Zip <b>N/A</b>	Country

4. FEI Number **59-3494740** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BREEDING, WALTER  
 3076 BRANTLEY BLVD  
 NAPLES FL 34117**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
 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.

SIGNATURE *Walter D. Reed* DATE 4/24/00  
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERSCHNER, GABE</b> <b>P O BOX 191 N/A</b> <b>WEIMAR CA 95789</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GURR, HEATHER</b> <b>1541 OLIVER AVE APT 14</b> <b>SAN DIEGO CA 92109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, DANIEL</b> <b>16280 ARBOR RIDGE DR</b> <b>FT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BARKER, DARREN</b> <b>1110 11TH ST</b> <b>GREELEY CO 80631</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BREEDING, WALTER</b> <b>3076 BRANTLEY BLVD</b> <b>NAPLES FL 34117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BREEDING, DEBORAH</b> <b>3076 BRANTLEY BLVD</b> <b>NAPLES FL 34117</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVE MERHEN</b> <b>791 WISHARD AVE</b> <b>SIMI VALLEY, CA 93065</b>	<input type="checkbox"/> Change <input checked="" 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
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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

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 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: *Walter D. Reed* **WIRED** DATE 4/24/00 DAYTIME PHONE # 941/269-6891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)