

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001248

1. Entity Name

EXOTIC & WILD BIRD RESCUE OF FLORIDA KEYS INC.

Principal Place of Business

1388 AVE B
BIG PINE KEY FL 33043

Mailing Address

P O BOX 431392
BIG PINE KEY FL 33043

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAUL, MAYA
1388 AVE B
BIG PINE KEY FL 33043

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME TOTMAN, MAYA
STREET ADDRESS 1388 AVE B
CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Delete

TITLE D
NAME TOTMAN, PAUL A
STREET ADDRESS 1388 AV B
CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Delete

TITLE D
NAME MERKEL, HOWARD L
STREET ADDRESS 540 KEY DEER BV
CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Delete

TITLE D
NAME QUEEN, LAURA
STREET ADDRESS 9300 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070 ☐ Delete

TITLE
NAME JOHN CLARK
STREET ADDRESS 281 WEST INDIES DRIVE
CITY-ST-ZIP RANRAD KEY, FL 33043 ☐ Delete

TITLE
NAME DR. LOIS SARGENT DVM
STREET ADDRESS P.O. BOX 521801
CITY-ST-ZIP MIAMI FLORIDA 33152 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: MAYA TOTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/02/02

Date

305-872-1982

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 24 PM 4:01

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*****77.00 *****76.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

5/24/02
AD