

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004394****FILED**
Jul 31, 2001 8:00 am
Secretary of State

05-18-2001 91562 040 ****61.25

1. Entity Name

RO'S WILDLIFE MISSION, INC.

Principal Place of Business

**526 W BLUE SPRINGS AVE
ORANGE CITY FL 32763**

Mailing Address

**526 W BLUE SPRINGS AVE
ORANGE CITY FL 32763**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-365-8110

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

7. Name and Address of New Registered Agent

PELL, ROSEMARIE**526 W BLUE SPRINGS AVE
ORANGE CITY FL 32763**

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**After September 12, 2001, min. will be \$236.25**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PELL, ROSEMARIE
526 W BLUE SPRINGS AVE
ORANGE CITY FL 32763** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
WACHTER, NANCY
193 CEDAR AVE
ORANGE CITY FL 32763** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
JOHNSON, JUNE
1550 W 17 ST
ORANGE FL 32763** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
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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:

SIGNATURE REQUIRED**7-16-01**

CR2E037 (5/01)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment # N0000004394

18465

ROY'S WILDLIFE MISSION INC.
P.O. BOX 67-0589
P.O. BOX 760287
ORANGE CITY, FL 32764

DATE 5-10-82

AMOUNT \$ 67.46

PAY TO THE ORDER OF Dept of State

CHECK NO. 108

ISSUED BY Sgt J. M. Smith

WASHINGTON FIELD OFFICE

RECEIVED BY Fleming A. Nichols

DATE RECEIVED MAY 11 1982

AMOUNT PAID \$67.46

Attachment # N0000004394
10/65

24

DEPT. OF STATE
FOR DEPOSIT ONLY
202ACCT#8009068796
MAY 16 2008

DO NOT WRITE IN THESE SPACES
MAY 23 01
BANK OF AMERICA NA, NA
453099947 ERASZ 90 P31
65/2AM