2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am DOCUMENT # N0000004394 **Secrétary of State** 05-18-2001 91562 040 ****61.25 RO'S WILDLIFE MISSION, INC. Principal Place of Busines's Mailing Address 526 W BLUE SPRINGS AVE 526 W BLUE SPRINGS AVE **ORANGE CITY FL 32763 ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PELL, ROSEMARIE 526 W BLUE SPRINGS AVE **ORANGE CITY FL 32763** Zip Code FL 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (2/01) PD TITLE ☐ Delete TITLE Change ☐ Addition PELL, ROSEMARIE NAME NAME 526 W BLUE SPRINGS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE CITY FL 32763 CITY-ST-ZIP TD ☐ Addition TITLE Change ☐ Delete TITLE WACHTER, NANCY NAME NAME STREET ADDRESS 193 CEDAR AVE STREET ADDRESS CITY-ST-ZIP **ORANGE CITY FL 32763** CITY-ST:ZIP Change ☐ Addition TITLE ☐ Delete TITLE JOHNSON, JUNE NAME NAME STREET ADDRESS 1550 W 17 ST STREET ADDRESS CITY-ST-ZIP **ORANGE FL 32763** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

thereby 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:

7-11-01

FILED

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000004394 1. Entity Name RO'S WILDLIFE MISSION, INC. Principal Place of Business Mailing Address 526 W BLUE SPRINGS AVE 526 W BLUE SPRINGS AVE ORANGE CITY FL 32763 ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-365-8110 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PELL, ROSEMARIE 526 W BLUE SPRINGS AVE ORANGE CITY FL 32763 City Zio 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition PD Delete TITLE TITLE PELL ROSEMARIE NAME NAME STREET ADDRESS STREET ADDRESS 526 W BLUE SPRINGS AVE CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY FL 32763 TITLE TD Change ☐ Addition Delete TITLE WACHTER, NANCY NAME NAME STREET ADDRESS 193 CEDAR AVE STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP. ORANGE CITY-FL 32763 SD ☐ Delete ☐ Change ☐ Addition TITLE TITLE JOHNSON, JUNE NAME NAME STREET ADDRESS STREET ADORESS 1550 W 17 ST CITY-ST-ZIP CITY-ST-ZIP **ORANGE FL 32763** TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Datete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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.

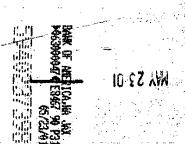
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