

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90487 015 \*\*\*\*\*61.25

372-76



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N01000003342</b>				<b>Secretary of State</b> 05-27-2002 90487 015 ****61.25																			
1. Entity Name <b>WILDLIFE REHABILITATION OF DAYTONA BEACH, INC.</b>																							
Principal Place of Business <b>170 LAKESIDE EAST DAYTONA BEACH FL 32124</b>				Mailing Address <b>P O BOX 10683 DAYTONA BEACH FL 32120</b>																			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.																			
City & State				City & State																			
Zip		Country		Zip		Country																	
4. FEI Number <b>593718857</b>				Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>ANTHONY, JACQUELINE 170 LAKESIDE EAST DAYTONA BEACH FL 32124</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW: FEE IS \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																	
				<b>Make Check Payable to Department of State</b>																			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																			
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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: <b>SIGNATURE REQUIRED</b>				Date: <b>4/30/02</b> 386-767-2500																			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							