

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003342

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: WILDLIFE REHABILITATION OF DAYTONA BEACH, INC.

## Current Principal Place of Business:

170 LAKESIDE EAST  
DAYTONA BEACH, FL 32124

## New Principal Place of Business:

170 LAKESIDE EAST  
PORT ORANGE, FL 32128

## Current Mailing Address:

P O BOX 10883  
DAYTONA BEACH, FL 32120

## New Mailing Address:

933 BEVILLE RD  
BLDG 102J  
SOUTH DAYTONA, FL 32119

FEI Number: 59-3718857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANTHONY, JACQUELINE  
170 LAKESIDE EAST  
DAYTONA BEACH, FL 32124

## Name and Address of New Registered Agent:

ANTHONY, JACQUELINE  
933 BEVILLE RD BLDG 102J  
SOUTH DAYTONA, FL 32119

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:

04/30/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANTHONY, JACQUELINE  
Address: 170 LAKESIDE EAST  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: MD ( ) Delete  
Name: ANTHONY, MICHELLE  
Address: 933 BEVILLE RD STE 102J  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete  
Name: THOM, PEGGY  
Address: 933 BEVILLE RD STE 102J  
City-St-Zip: SOUTH DAYTONA, FL 32119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ANTHONY, JACQUELINE  
Address: 933 BEVILLE RD BLDG 102J  
City-St-Zip: SOUTH DAYTONA, FL 32128

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ANTHONY

MD

04/30/2003

Electronic Signature of Signing Officer or Director

Date