## **FILED** Jul 22, 2003 8:00 am

Secrétary of State

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200009548



1. Entity Name 05-01-2003 90300 003 \*\*\*\*70.00 WILD LIFE OF BOGGY BRANCH, INC. Principal Place of Business Mailing Address 24229 N.W. HANNA LANE 24229 N.W. HANNA LANE ALTHA FL 32421 ALTHA FL 32421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEACOCK-ALAN= Street Address (P.O. Box Number is Not Acceptable) 24229 N.W. HANNA LANE ALTHA FL 32421 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Addition TITLE Delete TITLE esident NAME NAME an teacock STREET ADDRESS STREET ADDRESS 229 NW Hanna LN CITY-ST-ZIP CITY-ST-7te ☐ Delete TITLE TITLE Change Addition Keith PeacocK NAME NAME 16104 NW Hanna Tower Rd STREET ADDRESS STREET ADDRESS FL 32421 CITY-ST-ZIP CITY-ST-ZIP -TITLE: - Detete TITI F \*⊟\*Change\*\* Addition Trey Peacock 1 24229 NW Hawna Cn. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1tha, FC 32421 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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, without other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

- 19 - B 850 - 762 - 8160

Affachmentet

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5/1/2003-90300-003-\$70.00-\$70.00

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Suite, Apt. 4. etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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ŽΙρ		Country	Zip	Co	intry	5. Certificate of Sta	stus Désired	\$8.75 A	
	B. Heste	and Address of Current R	legistered Agent			7. Name and Add	ess of New Reg	Istered Agent	
	W-21:441-				Name				
PEACOCK, ALAN 24229 N.W. HANNA LANE					Street Address (I	P.O. Box Number is N	ot Acceptable)		
ALTHA F	FL 32421								
<b>;</b>					City	•		FL Zip Cox	te .
		y submits this statement for	the purpose of changing it	a register	ed office or register	ed agent, or both, in t	he State of Florid	te. I em familiar with	, and accept
the oblige	itions of regis	tered agent.							
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		.⁴	Trust Fund	Contributi	on.	Added to Fees		Department of	State
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