

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90057 027 ****70.00

DOCUMENT # N24268

1. Entity Name

WILDLIFE RESCUE SERVICE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2703 22ND STREET W
 BRADENTON FL 34205
 US

P.O. BOX 10475
 PO BOX 10475
 BRADENTON FL 24282
 US

2. Principal Place of Business

995 HABEN BLVD

3. Mailing Address

PO Box 10475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

BRADENTON FL

4. FEI Number

65-0023424

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34282

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LAWRENCE R.
 2703 22ND STREET W
 BRADENTON FL 34205

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

Lawrence R. Smith
 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

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	DMC	<input type="checkbox"/> Delete
NAME	SMITH, LAWRENCE R.	
STREET ADDRESS	2703 22ND STREET W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, ELLIE T.	
STREET ADDRESS	2703 22ND STREET W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUMPHREYS, SUSAN	
STREET ADDRESS	2915 FIDDLERS BEND	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DTR	<input type="checkbox"/> Delete
NAME	MOSSLER, MICHAEL DR.	
STREET ADDRESS	1511 FLORIDA BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DOUGHTY, TRACY	
STREET ADDRESS	7309 ALDERWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. MANNING	
STREET ADDRESS	7004 9TH AV DR NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL T SMITH	
STREET ADDRESS	2402 52ND AV DR W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

Lawrence R. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)