

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N28618**

1. Entity Name

**WILDLIFE INFORMATION SERVICES, INC.**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90098 006 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3401 3RD STREET NO.  
 ST. PETERSBURG FL 33703

P.O. BOX 13661  
 ST. PETERSBURG FL 33733-3661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2897858**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PARKER, DEBRA A.**  
**10330 S. QUARTERHORSE AVENUE**  
**FLORAL CITY FL 34436**

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 \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete
NAME	<b>PARKER, DEBRA A.</b>	
STREET ADDRESS	<b>10330 S. QUARTERHORSE AVENUE</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>VAN SANT, JENNIFER M</b>	
STREET ADDRESS	<b>3401 3RD STREET NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
TITLE	VPCT	<input type="checkbox"/> Delete
NAME	<b>LILIENTHAL, DORIS H.</b>	
STREET ADDRESS	<b>9645 E MOCCASIN SLOUGH R</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/00 (352-637-2376)  
 Date Daytime Phone #

CR2E037 (9/99)