

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28618

1. Entity Name

WILDLIFE INFORMATION SERVICES, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90047 016 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2897858

Applied For

Not Applicable

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

02/09/01

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 ☐ Delete
NAME PARKER, DEBRA A.
STREET ADDRESS 10330 S. QUARTERHORSE AVENUE
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☐ Delete
NAME VAN SANT, JENNIFER M
STREET ADDRESS 3401 3RD STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☒ Change ☐ Addition
NAME Van Sant, Jennifer M.
STREET ADDRESS 502 W. Dampier Street
CITY-ST-ZIP Inverness, FL 34450

TITLE VPCT ☐ Delete
NAME LILIENTHAL, DORIS H.
STREET ADDRESS 9645 E MOCCASIN SLOUGH R.
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

02/09/01

(352) 637-2376

Date

Daytime Phone #

CR2E037 (10/00)