

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

00-02947

**DOCUMENT # N28618**

1. Entity Name

**WILDLIFE INFORMATION SERVICES, INC.**

02-19-2002 90122 037 \*\*\*\*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

DO NOT WRITE IN THIS SPACE



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

*Debra A. Parker*

*02/02/02*

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	PARKER, DEBRA A.	
STREET ADDRESS	10330 S. QUARTERHORSE AVENUE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	ST	<input type="checkbox"/> Delete
STREET ADDRESS	502 W DAMPIER STREET	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	VPCY	<input type="checkbox"/> Delete
NAME	LILIENTHAL, DORIS H.	
STREET ADDRESS	9645 E MOCCASIN SLOUGH R	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 empowered.

SIGNATURE:

*Debra A. Parker 02/02/02 (362) 6372376*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)