

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

33043433

DOCUMENT # N28618
 1. Entity Name
WILDLIFE INFORMATION SERVICES, INC.

Principal Place of Business Mailing Address
 3401-3RD STREET NO. P.O. BOX 13661
 ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33733-3661


2. Principal Place of Business 3. Mailing Address
 426-17th Ave N.E. 10330 S. Quarterhorse Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 St. Petersburg, Florida Floral City, Florida
 Zip Zip Country Country
 33704 Pinellas 34436-3855 Citrus

4. FEI Number Applied For
 68-2897858 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 PARKER, DEBRA A.
 10330 S. QUARTERHORSE AVENUE
 FLORAL CITY, FL 34438

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE:  4/24/03

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PARKER, DEBRA A.	10330 S. QUARTERHORSE AVENUE	FLORAL CITY, FL 34438	<input type="checkbox"/>
ST	VAN SANT, JENNIFER M	502 W DAMPIER STREET	INVERNESS, FL 34450	<input type="checkbox"/>
VPRCT	LIJENTIAL, DORIS H.	9846 E MOCCASIN BLOUGH R	INVERNESS, FL 34450	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST	Jennifer Chapman	6419 N.W. 65th Street	Ocala, FL 34482	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPRCT	Doris H. Lienthal	5294 W. Ranger Street	Beverly Hills, FL 34465-4681	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Stephanie Parker	10330 S. Quarterhorse Ave	Floral City, FL 34436-3855	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 4/24/03 (352)637-2376

CREC037 (10/02)

Attachment
55049439
N28618

6-19-03

Dear Sirs:

So sorry for the
trouble. I had a
stroke in August & I
am still a bit off.

Thank you for your
patience.

DP



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(ENALAPRIL MALEATE)

Please read accompanying Prescribing Information.

L2936-1296