2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # N9500001669 WILD LIFE ON EASY STREET, INC. 01-18-2000 90008 043 ****70.00 Mailing Address Principal Place of Business 12802 EASY STREET 12802 EASY STREET **TAMPA FL 33625** TAMPA FL 33625-3702 00003508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3330495 Not ≏: · · [‡] Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, CAROLE 12802 EASY STREET **TAMPA FL 33625** 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. □ ····· P/D TITLE ☐ Delete . TITLE Change MURDOCK, JAMIE NAME NAME STREET ADDRESS STREET ADDRESS 12802 EASY STREET CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33625 _ · · · · · V/D Delete M Change TITLE NAME MOORE, JIM Capiro, Daniel 12802 Easy STREET ADDRESS STREET ADDRESS 12802 EASY STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33625 Tampa, FI **33625** TITLE T/D ☐ Delete TITLE ☐ Change NAME NAME STAIRS, VERNON STREET ADDRESS STREET ADDRESS 12802 EASY STREET CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** Delete TITLE TITLE Schreier, Alan 211 Crystal Grove Blud # 101 NAME WATSON, JUDY NAME STREET ADDRESS 12802 EASY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** ☐ Change TITLE ☐ Delete TITLE NAME EDWARDS, DOUG NAME STREET ADDRESS STREET ADDRESS 7106 RIVERWOOD BLVD. CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33615 Addition ☐ Delete TITLE Change TIT! F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP