2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # N97000005432 04-10-2001 90135 005 ****70.00 SAVE THE WILD CHINCHILLAS, INC. Principal Place of Business Mailing Address 122 WEST MICHIGAN AVE 122 WEST MICHIGAN AVE DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1584774 Not Applicable Zip Country Zip 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) CARTER, JOAN D 122 WEST MICHIGAN AVE DELAND FL 32720 Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE **BROTHERS, TIMOTHY PROF** NAME NAME STREET ADDRESS 425 UNIVERSITY BLVD. #213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46202 ☐ Addition Change TITLE ☐ Delete TITLE DEANE, AMY NAME NAME STREET ADDRESS STREET ADDRESS CASILLA #302 CITY-ST-ZIP CITY-ST-ZIP ILLAPEL, REGION IV CHILE ☐ Delete TITLE Change ☐ Addition TITLE WRIGHT, NICOLE NAME NAME STREET ADDRESS STREET ADDRESS 2324 E 16 STREET CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS FL 46201 Change ☐ Addition TITLE ☐ Delete TITLE NAME JIMENEZ, JAIME STREET ADDRESS STREET ADDRESS 651 N 400E CITY-ST-ZIP CITY-ST-ZIP **LOGAN UT 84321** TITLE ☐ Delete Change ☐ Addition CARTER, JOAN D NAME NAME STREET ADDRESS STREET ADDRESS 122 WEST MICHIGAN AVE CITY-ST-ZIE CITY-ST-ZIP DELAND FL 32720 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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

SIGNATURE: STATURE / COLORER

an address, with all other like empo

changed, or on an attachment with

4/7/01

Daytime Phone #