

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 001 ****70.00

DOCUMENT # N97000006388

1. Entity Name

WESTSIDE WILDLIFE, INC.

Principal Place of Business

Mailing Address

2160 MEADOWLANE AVE.
 MELBOURNE FL 32904

2160 MEADOWLANE AVE.
 MELBOURNE FL 32904-4952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467633

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Current Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPPS, DIANNA M
2160 MEADOWLANE AVE.
MELBOURNE FL 32904

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 _____

**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 Delete
 NAME **D**
CAPPS, DIANNA M
 STREET ADDRESS **2160 MEADOWLANE AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
CAPPS, RAYMOND C SR.
 STREET ADDRESS **2160 MEADOWLANE AVE.**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
CAPPS, DEBRA
 STREET ADDRESS **1100 JOHN RHODES BLVD.**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Change Addition
 NAME
 STREET ADDRESS **881 Footbridge Drive**
 CITY-ST-ZIP **Melbourne, FL 32934**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

DIANNA M. CAPPS

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00 (321) 768-6155

Date

Daytime Phone #

CF E03719391