

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90160 038 \*\*\*\*\*70.00

**DOCUMENT # N99000001372**

1. Entity Name

**WILD WALK EXOTICS, INC.**



Principal Place of Business

**2307 HOLBROOK AVENUE  
CAIRO IL 62914**

Mailing Address

**2307 HOLBROOK AVENUE  
CAIRO IL 62914**

2. Principal Place of Business

**HC 3 BOX 603**

3. Mailing Address

**HC 3 BOX 603**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**OLD TOWN, FL**

City & State

**OLD TOWN, FL**

4. FEI Number **65-0900460**

Applied For

Not Applicable

Zip

**32680**

Country

**DIXIE**

Zip

**32680**

Country

**DIXIE**

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRINGER, JONATHAN  
1204 MATHIS STREET  
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

Name **JONATHAN FRINGER**

Street Address (P.O. Box Number is Not Acceptable)  
**HC 3 BOX 603**

City **OLD TOWN**

**FL**

Zip Code **32680**

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 **JONATHAN FRINGER**  
Signature, typed or printed name of registered agent and title, if applicable.

*Jonathan Fringer* **04-25-03**  
(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **FRINGER, JONATHAN**  
STREET ADDRESS **2307 HOLBROOK AVENUE**  
CITY-ST-ZIP **CAIRO IL 62914**

TITLE **DV** ☐ Delete  
NAME **MCMILLAN, BEN E**  
STREET ADDRESS **2307 HOLBROOK AVENUE**  
CITY-ST-ZIP **CAIRO IL 62914**

TITLE **TT** ☒ Delete  
NAME **FITCH, DAVID**  
STREET ADDRESS **2744 BOAL RD**  
CITY-ST-ZIP **HARDIN KY 42048**

TITLE **S** ☐ Delete  
NAME **CASEY, NORMA JEAN**  
STREET ADDRESS **1204 MATHIS STREET**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **FRINGER, JONATHAN**  
STREET ADDRESS **HC 3 BOX 603**  
CITY-ST-ZIP **OLD TOWN, FL 32680**

TITLE **DU** ☒ Change ☐ Addition  
NAME **MCMILLAN BEN E**  
STREET ADDRESS **HC 3 BOX 603**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **TT** ☐ Change ☒ Addition  
NAME **SARA HAMILTON**  
STREET ADDRESS **2744 BOAL ROAD**  
CITY-ST-ZIP **HARDIN, KY 42048**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Jonathan Fringer*

**04-25-03**

**352-542-9980**

CR2E037 (10/02)