

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000014276

FILED  
Jun 24, 2003  
Secretary of State

Entity Name: WILDFISH INC.

## Current Principal Place of Business:

4518 CURRY FORD RD  
ORLANDO, FL 32812

## New Principal Place of Business:

3240 PINERIDGE CIRCLE  
KISSIMMEE, FL 34746

## Current Mailing Address:

4518 CURRY FORD RD  
ORLANDO, FL 32812

## New Mailing Address:

3240 PINERIDGE CIRCLE  
KISSIMMEE, FL 34746

FEI Number: 59-3621476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISCHLER, SCOTT  
1905 S. KIRKMAN RD APT 514  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

FISCHLER, SCOTT  
3240 PINERIDGE CIRCLE  
KISSIMMEE, FL 34746 US

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: SCOTT FISCHLER

06/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FISCHLER, SCOTT  
Address: 1905 S. KIRKMAN RD APT 514  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: WILD, MICHELLE  
Address: 1905 S. KIRKMAN RD APT 514  
City-St-Zip: ORLANDO, FL 32811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FISCHLER, SCOTT  
Address: 3240 PINERIDGE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change ( ) Addition  
Name: FISCHLER, MICHELLE  
Address: 3240 PINERIDGE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT FISCHLER

PD

06/24/2003

Electronic Signature of Signing Officer or Director

Date