

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90036 041 ***150.00

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DOCUMENT # P00000044844

1. Entity Name
NOAH'S ARK PETTING ZOO, INC.



Principal Place of Business
**14818 19TH STREET NORTH
LOXAHATCHEE FL 33470**

Mailing Address
**14818 19TH STREET NORTH
LOXAHATCHEE FL 33470**

2. Principal Place of Business
18301 Murray Lane
Suite, Apt. #, etc.

3. Mailing Address
18301 Murray Lane
Suite, Apt. #, etc.

City & State
Loxahatchee

City & State
Loxahatchee

4. FEI Number **65-1023056**

Applied For
Not Applicable

Zip
33470

Country
USA

Zip
33470

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORTUNATO, JENNIFER L
14818 19TH STREET NORTH
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **Jennifer L. Fortunato**
Street Address (P.O. Box Number is Not Acceptable)
18301 Murray Lane
City **Loxahatchee** FL Zip Code **33470**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **April 17, 2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **FORTUNATO, PETER JR**
STREET ADDRESS **14818 19TH STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **PD** ☐ Delete
NAME **FORTUNATO, JENNIFER**
STREET ADDRESS **14818 19TH STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☒ Change ☐ Addition
NAME **Peter Fortunato Jr.**
STREET ADDRESS **18301 Murray Lane**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **PD** ☒ Change ☐ Addition
NAME **Jennifer L. Fortunato**
STREET ADDRESS **18301 Murray Lane**
CITY-ST-ZIP **Loxahatchee, FL 33470**

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

TITLE ☐ Change ☐ Addition
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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 607, 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 561 333-2103

Date

Daytime Phone #

CR2E034 (10/02)