

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90306 035 ***150.00

DOCUMENT # P00000095557



1. Entity Name
WILD GARDEN DESIGNS, INC.

Principal Place of Business
901 HILLCREST DRIVE
105
HOLLYWOOD FL 33021

Mailing Address
901 HILLCREST DRIVE #105
HOLLYWOOD FL 33021

30012710



2. Principal Place of Business
6 NW 1st AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DANIA BEACH, FL.

City & State

4. FEI Number **65-1050568**

Applied For
Not Applicable

Zip **33004** **Country** **Broward**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPPELL, EVELYN K
901 HILLCREST DRIVE #105
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **CHAPPELL, EVELYN**
STREET ADDRESS **901 HILLCREST DRIVE # 105**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **VP** ☐ **Delete**
NAME **CHAPPELL, SARAH**
STREET ADDRESS **294 TIGER LAKE ROAD**
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **ST** ☐ **Delete**
NAME **CHAPPELL, BILL**
STREET ADDRESS **294 TIGER LAKE ROAD**
CITY-ST-ZIP **LAKE WALES FL 33853**

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**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ **Daytime Phone #** _____

CR2E034 (10/02)