

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

**DOCUMENT # P00000110727**

1. Entity Name  
**WILD IMAGINATION, INC.**



Principal Place of Business  
7990-2005 BAYMEADOWS RD E.  
JACKSONVILLE, FL 32256

Mailing Address  
7990-2005 BAYMEADOWS RD E.  
JACKSONVILLE, FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

PANZER, KAREN C  
7990-2005 BAYMEADOWS RD. E.  
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$81.25  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PANZER, KENNETH D** ☐ Delete  
**7990-2005 BAYMEADOWS RD. E.**  
**JACKSONVILLE, FL 32256**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**PANZER, KAREN C**  
**7990-2005 BAYMEADOWS RD. E.**  
**JACKSONVILLE, FL 32256**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV** ☐ Change ☒ Addition  
**LANGDALE, CHRISTOPHER S.**  
**7990-2005 Baymeadows Rd E**  
**JACKSONVILLE, FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400025611954** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: Karen C Panzer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**KAREN C. PANZER**

11/17/2003  
Date

904 928-9462  
Daytime Phone #

AMENDED  
192

FILED

03 DEC 18 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES **MPD**

4. FEI Number  
**59-3683384**

Applied For  
Not Applicable

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

CR2E034 (10/02)

282

## ACCOUNT FILING COVER SHEET

Account Number: 0721-00000-307

Reference:

(Sub Account)

6565

Date:

12-28

Requestor Name: Attorneys' Title Insurance Fund, Inc.

Address: 1965 Capital Circle NE  
Tallahassee, Florida 32308

Telephone: 850-222-2785

Contact: Barbara Keys

Corporation

Name: WILLIAMS IMBINATION, INC.

Document

Number:

(If Applicable)

P-110727

Authorization:

~~XX~~ ~~XX~~

Certified Copy (1-9)

Certificate of Status (1-9)

Plain Stamped Copy

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 DEC 18 PM 12:21

RECEIVED

Call When Ready

XX\_ Walk In

Mail Out

Call if Problem

Will Wait

After 2:30

XX\_ Pick Up