

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 010 ***150.00

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

DOCUMENT # P01000030093

1. Entity Name
WILDFLOWER, INC.



Principal Place of Business
**1023 MARLIN LAKES CIRCLE
APT 1121
SARASOTA FL 34232**

Mailing Address
**1343 MAIN ST.
SUITE 303
SARASOTA, FL 34442-31**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3714724

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BETHEL, ERIC C
1343 MAIN ST
SUITE 303
SARASOTA FL 34231**

Name

ERIC C BETHEL

Street Address (P.O. Box Number is Not Acceptable)

7286 S. TAMiami TRAIL

SARASOTA FL

34231

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
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 **D** ☐ Delete
NAME **BETHEL, CELESTINA**
STREET ADDRESS **5794 SANDY POINTE DR.**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Delete
NAME **BETHEL, ERIC C**
STREET ADDRESS **976 LEEWARD PLACE, #302**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 **Bethel, Celestina** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5080 Creekside Trail**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **BETHEL ERIC, C** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7286 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL, 34231**

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

TITLE ☐ Change ☐ Addition
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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)