2004 AK

05/2[illegible] [illegible]4 FAX 4[illegible]435 [illegible]30 T MALTESE CPA 02

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -3 AM 8:00

DOCUMENT # P01000092957

1. Entity Name
WILD IRIS, INC.

Principal Place of Business
725 WHITE STREET
KEY WEST FL 33040

Mailing Address
725 WHITE STREET
KEY WEST FL 33040

2. Principal Place of Business
Authors Guesthouse
Suite, Apt. #, etc.

3. Mailing Address
725 White St.
Suite, Apt. #, etc.

City & State: KEY WEST FL
Zip: 33040
Country

City & State
Zip
Country

CHECK HERE IF MAKING CHANGES MPD

4. FEI Number 65-1140352
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COTE, MICHELE P
725 WHITE STREET
KEY WEST FL 33040

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 X Michele P. Coté X 5-27-04
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 MS
NAME COTE, MICHELE P PRES.
STREET ADDRESS 160 SUGARLOAF DRIVE
CITY-ST-ZIP SUGARLOAF KEY FL 33042
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
000037846940
06/10/04--01053--004 **550.00
☐ Change ☐ Add

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12. I hereby 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 a director or officer 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 11 above, or on an attachment with all other like empowered.

SIGNATURE: X Michele P. Coté Michele P. Coté X Owner X 5-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR