FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90187 034 ***150.00

DOCUMENT # P01000104236

1. Entity Name
Wildlife Expeditions Inc.

DO NOT WRITE IN THIS SPACE

90135864

2. Principal Place of Business	3. Mailing Address
2355 S.W. 28 St.	Same
Suite, Apt. #, etc.: Apt. 30 D	Suite, Apt. #, etc.
City & State: Okeechobee, Fla.	City & State
Zip: 34974 Country: Okeechobee	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 030395764 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Timothy Womble
Street Address (P.O. Box Number is Not Acceptable): 2355 S.W. 28th St. Apt. 30 D
City: Okeechobee **FL** Zip Code: 34974

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Gary L. Womble	NAME	
STREET ADDRESS	2355 S.W. 28th St	STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, Fl. 34974	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary L. Womble

90135864 Attachment # P0100010423G

Dear Sir,

Please excuse my delinquency in getting this report turned in as I have changed addresses twice this year and have had great difficulty in retriving my mail. I hope you will except this copy of the form because locating a form has also compounded the problem.

My deepest regrets, Thanks
Gary Womble