

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000114946

FILED  
Feb 15, 2002 8:00 AM  
Secretary of State

Entity Name: WILD HOMES, INC.

## Current Principal Place of Business:

478 E ALTAMONTE DR STE 108-308  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

478 E ALTAMONTE DR STE 108-370  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

478 E ALTAMONTE DR STE 108-308  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

478 E ALTAMONTE DR STE 108-370  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3759134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALICAK, ANDY  
320 HERMITAGE DR  
ALTAMONTE SPRINGS, FL 327016206 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KALICAK, ANDY  
Address: 320 HERMITAGE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KALICAK, ANDY  
Address: 320 HERMITAGE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Change (X) Addition  
Name: ANDREW, MARK  
Address: 4842 KEENELAND CIR  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Change (X) Addition  
Name: KALICAK, JOHN  
Address: 2006 S. CEDAR AVE  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY KALICAK

P

02/15/2002

Electronic Signature of Signing Officer or Director

Date