

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000115014**

1. Entity Name

WETLAND WILDERNESS ADVENTURES, INC.

FILED

02 OCT 11 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

537 RICKER AVE.
SANTA ROSA BEACH FL 32459

Mailing Address

537 RICKER AVE.
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0008722

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WEIMORTS, MICHAEL L ESQ
WEIMORTS & WHITEHEAD, P.A.
4507 FURLONG LN., STE. 209
DESTIN FL 32541

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> Delete
NAME	Kent Mundy	
STREET ADDRESS	537 Ricker Ave	
CITY-ST-ZIP	Santa Rosa Bch, FL 32459	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Patricia Zarella	
STREET ADDRESS	537 Ricker Ave	
CITY-ST-ZIP	Santa Rosa Bch FL 32459	
TITLE	President	<input type="checkbox"/> Delete
NAME	Kent Mundy	
STREET ADDRESS	537 Ricker Ave	
CITY-ST-ZIP	Santa Rosa Bch, FL 32459	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kent Mundy	
STREET ADDRESS	537 Ricker Ave	
CITY-ST-ZIP	Santa Rosa Bch, FL 32459	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Patricia Zarella	
STREET ADDRESS	537 Ricker Ave	
CITY-ST-ZIP	Santa Rosa Bch FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

13. 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 11 or Block 12 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

10/08/02

Date

850-534-0107

Daytime Phone #

21 10/11/02