

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90172 018 ***150.00

DOCUMENT # P94000001042

Entity Name
AMERICAN BISON NATURAL MEATS, INC.

Principal Place of Business 601 HIGHLAND RD WINTER PARK FL 32789 US	Mailing Address 1601 HIGHLAND RD WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-3216747		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
WALLACE, SCOTT 1601 HIGHLAND RD WINTER PARK FL 32789				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
P					
WALLACE, SCOTT					
1601 HIGHLAND RD					
WINTER APRK FL					
VPS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
WALLACE, CINDY			NAME		
1601 HGIGHLAND RD			STREET ADDRESS		
WINTER APRK F			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

3. 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: Scott Wallace **Scott WALLACE** 2-6-02 407.647.8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)