## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 02, 2001 8:00 am DOCUMENT # **P94000057071 Secretary of State** 1. Entity Name ENDANGERED SPECIES, INC. 03-02-2001 90015 014 \*\*\*150.00 Principal Place of Business Mailing Address 10072 CUSTER CIR 10072 CUSTER CIR ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3268940 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVENS, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 10072 CUSTER CIRCLE ORLANDO FL 32817 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TIT! F ☐ Change NAME NAME MICHEAL G. STEVENS STREET ADDRESS STREET ADDRESS 10072 CUSTER CIR. CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32817 TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

CITY - ST-Z!P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Z/26/01 407657-7695

**FILED**