

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024959

1. Entity Name

WILD HORSES CONSULTING, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90014 045 ***150.00

Principal Place of Business

12560 COUNTRYSIDE TERR
COOPER CITY FL 33330
US

Mailing Address

12560 COUNTRYSIDE TERR
COOPER CITY FL 33330-2729
US

710400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2812 NE 23 Ave

3. Mailing Address

2812 NE 23 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse PT, FL

City & State

Lighthouse PT, FL

4. FEI Number

65-0652182

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WUNNER, VALERIE J
2255 GLADES ROAD
SUITE 110E
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

VALERIE BRYAN

Street Address (P.O. Box Number is Not Acceptable)

2812 NE 23 Avenue

City

Lighthouse PT

FL

Zip Code

33064

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/27/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME BRYAN-WUNNER, VALERIE
STREET ADDRESS 2255 GLADES RD, SUITE 110E
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ Delete

NAME HARGROVE, DEBRA L
STREET ADDRESS 12560 COUNTRYSIDE TERRACE
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Delete

NAME WUNNER, S B
STREET ADDRESS 2255 GLADES RD SUITE 110-E
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Valerie Bryan Wunner 01/27/00 561-297-2346