

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90092 031 ***150.00

DOCUMENT # *P96000072337*

1. Entity Name
WILD TRADER INC

Principal Place of Business *25135 S.R. 26 E. MEIROSE FL. 32666*

Mailing Address *P.O. Box 1044 MEIROSE FL. 32666*

2. Principal Place of Business *25135 S.R. 26 E.*

3. Mailing Address *P.O. Box 1044*

Suite, Apt. #, etc.

City & State *MEIROSE FL. 32666*

City & State *MEIROSE FL. 32666*

Zip *32666* **Country** *U.S.A.*

4. FEI Number *59-3398487*

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

6. Name and Address of Current Registered Agent

SMITH, JESSIE A

MELROSE FL 32666

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 _____ (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. ☒ **FILE NOW!!! FEE IS \$550.00. After September 13, 2002 Fee will be \$750.00 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	D	<input type="checkbox"/> Delete
NAME	SMITH, JESSIE	
STREET ADDRESS	25135 S.R. 26 E.	
CITY-ST-ZIP	MEIROSE FL. 32666	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WOODEN L	
STREET ADDRESS	7085 CR 214	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<i>Smith, Wooden L.</i>	
STREET ADDRESS	<i>TAKE OFF</i>	
CITY-ST-ZIP		
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		

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **9-11-02 352-4755549**

Date **Daytime Phone #**

CR2E034 (4/02)

Attachment

#P96000072337

DIVISION OF CORPORATIONS

I WOULD APPRECIATE YOUR CONSIDERATION
ON ^{my} COMPANY RENEWING ITS CORPORATION PAPERS.
WE ARE A VERY SMALL COMPANY AND THIS
PAST YEAR HAS BROUGHT ABOUT MANY TROUBLED
TIMES FOR US. I PERSONALLY ENDED A
32 YEAR MARRIAGE (NOT BY CHOICE), AND OUR
PRIMARY PRODUCTS WE MANUFACTURE ARE
KNIVES. 9/11 REALLY HURT OUR COMPANY.
WE HAD TO LEAVE OUR MANUFACTURING
BUILDING AND MOVE EVERYTHING TO MY
HOME. ALSO TO BE QUITE FRANKLY, I
THOUGHT MY NOW EX-SECRETARY HAD FILED
THE PROPER RENEWAL PAPER WORK.

I WOULD APPRECIATE ANY
CONSIDERATION ON MY REQUEST NOT
TO HAVE TO PAY THE LATE FILING
FEE.

THANK YOU

Jeani Smith