

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90126 044 \*\*\*150.00

**DOCUMENT # P96000073294**

1. Entity Name  
**SOMETHING WILD, INC.**

Principal Place of Business

**603 CENTRAL FL. PKWY  
SUITE 104  
ORLANDO FL 32824**

Mailing Address

**603 CENTRAL FL. PKWY  
SUITE 104  
ORLANDO FL 32824**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3399557**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDI, K.S.  
603 CENTRAL FL. PKWY  
SUITE 104  
ORLANDO FL 32824**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BEDI, K.S.  
603 CENTRAL FL. PKWY, #104  
ORLANDO FL 32824** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

JOHN E. RUSSI  
CERTIFIED PUBLIC ACCOUNTANT, P.A.

7575 DR. PHILLIPS BLVD.  
SUITE 320  
ORLANDO, FLORIDA 32819

Attachment  
Document #  
P96000073294

TELEPHONE: 407 / 345-1191  
FAX: 407 / 345-2866  
E-MAIL: RUSSICPA@AOL.COM

July 23, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

Re: Something Wild, Inc.


Gentlemen:

Our client does not recall receiving the first Uniform Business Report that should have been sent back to you by May 1<sup>st</sup>. We called your office and we were told to have them send this second report along with their check for \$150.00 and the penalty would not be assessed this time.

We are therefore enclosing our client's check in the amount of \$150.00 in full payment of the Uniform Business Report for 2002.

Thank you in advance for your consideration.

Very truly yours,

  
John E. Russi  
Certified Public Accountant

JER: mr  
Encls.