05-24-2002 91330 016 ***150.00
P96000090107

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 20 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090107

1. Entity Name
WyldeThyme Hammock, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Street Address
2861 Sherman Ave.
Suite, Apt. #, etc.
City & State: Naples FL
Zip: 34120 Country: USA

3. Mailing Address
2861 Sherman Ave
Suite, Apt. #, etc.
City & State: Naples FL
Zip: 34120 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3409233 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Lars A Mard
Street address (P.O. Box Number is Not Acceptable):
2861 Sherman Ave
City: Naples FL 34120

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: _____ Date: _____

9. The corporation is eligible to certify its intangible tax filing requirement and elects to do so. (See reverse side of page) ☐

Number of Pages Attached: _____
Amount Enclosed: _____
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
Name: Mard, Lars A
Street Address: 2861 Sherman Avenue
City-State-Zip: Naples FL 34120

DO NOT WRITE IN THIS SPACE

CR2E012(8/96)

13. I hereby 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 above or on an attachment with an X in the box.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Date: _____