

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000065374**

1. Entity Name

WILDLIFE SOLUTIONS, INC.**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90288 044 ***150.00

Principal Place of Business

**344 LIVE OAK BLVD
SANFORD FL 32773**

Mailing Address

**P O BOX 953112
LAKE MARY FL 32795
US**

2. Principal Place of Business

853 WATERWAY PL.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 141

City & State

LONGWOOD4. FEI Number **59-3460174**

Applied For

Not Applicable

Zip

32750

Country

US

Zip

Country

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

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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.

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	AGNEW, FRANK C	
STREET ADDRESS	1433 FOREST HILLS DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	DEMOOR, STEVE	
STREET ADDRESS	344 LIVE OAK BLVD	
CITY-ST-ZIP	SANFORD FL 32773-5662	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

407-265-1550

Daytime Phone #

CR2E034 (10/00)