

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 MAY -5 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065379

1. Entity Name

WILDLIFE SOLUTIONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

843 WATERWAY PLACE

3. Mailing Address

P.O. Box 953112

Suite, Apt. #, etc.

UNIT #141

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LAKE MARY FL

Zip

32750

Country

USA

Zip

32795

Country

USA

4. FEI Number

59-3460174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AMERILAWPER / SAEGER + UTREDA, P.A.

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

1840 CORAL WAY

4th FLOOR

City

MIAMI

FL

Zip Code

33145

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>PRES</u>
NAME	<u>STEVE DEMOUR</u>
STREET ADDRESS	<u>7411 COLONIAL CT</u>
CITY-ST-ZIP	<u>SANFORD FL 32771</u>
TITLE	<u>VP</u>
NAME	<u>FRANK AGNEW</u>
STREET ADDRESS	<u>7411 COLONIAL CT</u>
CITY-ST-ZIP	<u>SANFORD FL 32771</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVE DEMOUR

STEVE DEMOUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-265-1550

CR2E034B (12/02)