FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # P98000035410 **Secretary of State** WILD RICE, INC. 02-15-2001 90029 005 ***150.00 Principal Place of Business Mailing Address 889 DONALD ROSS RD 889 DONALD ROSS RD JUNO BEACH FL 33408 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0830808 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rice, Frank D RICE, FRANK D 6161 Eagles Nest Street Address (P.O. Box Number is Not Acceptable) 548-GWETWOOD WAY Jupiter, FL 3345 8 WEST PALM BEACH FL 33418 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 Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete Rice, Frank O Wild Engles Nest On. RICE, FRANK D NAME NAME 598 SWEETWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33418 TITLE ☐ Delete TITLE RICE, KAREN J NAME NAME Eagus Hest On. 598 SWEETWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP Jupiter, FL 33458 Change Addition | TITLE Delete -TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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