

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90016-017-\$158.75-\$158.75

193

DOCUMENT # P98000042057

1. Entity Name

AMAZING WILDLIFE ENTERPRISES, INC.



FILED

00 OCT 16 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 41180 LITTLE FARM ROAD PUNTA GORDA FL 33955		Mailing Address 41180 LITTLE FARM ROAD PUNTA GORDA FL 33955	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	APPLIED FOR	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WEATHERS, KEVIN F 5611 SW 57 STREET DAVE FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *KEVIN F WEATHERS* Director DATE *9/11/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WEATHERS, DAVID 41180 LITTLE FARM ROAD PUNTA GORDA FL 33955	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WEATHERS, KEVIN <i>41180 LITTLE FARM ROAD PUNTA GORDA FL 33955</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DOUCETTE, SUSAN 41180 LITTLE FARM ROAD PUNTA GORDA FL 33955	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *KEVIN F WEATHERS* Director DATE *9/11/00* Daytime Phone # *941 543 2289*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (5/00)

Attachment Doc #: P9800042057  
2063  
A0078734

Department of State 9/11/00  
TO Whom It may Concern

ON February 11, 2000 The home  
& Business office for AWE  
WAS TOTALLY Burned down.

We did not receive any mail  
UNTIL we RESUIT (mos. & home)  
AUGUST 2000

AS Registered Agent I have  
moved over here AS well.

The late notice of the Corporation  
Filing WAS received some time in  
AUGUST - All mail before August  
WAS LOST

Kevin F. Weather

Kevin F. Weather

Registered Agent

& Director

of AWE P9800042057

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>David Ashley Weathers</u>	
	2 Trade name of business (if different from name on line 1) <u>Amazing Wildlife Enterprises</u>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>41180 107th Farm Road</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>Punta Gorda FL 33982</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>Charlotte FL</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>David Weathers 261-81-2545</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |  |  |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN)                           | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership                                     | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC   | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government                          | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization        | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ►        | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ► <u>CORPORATION</u> |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► <u>Wildlife Shows/Exhibits</u>	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) INCORPORATED MAY 98 - STARTING SOON

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . 0

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ► Wildlife Shows/Exhibits

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A  
☐ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) <u>(941) 543-2259</u>
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► DAVID WEATHERS, President

Signature ► [Signature] President Date ► 12/12/01

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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