

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90142 033 \*\*\*150.00

**DOCUMENT #** P98000083965

1. Entity Name

WILDLIFE JEWELRY, INC.

Principal Place of Business Mailing Address  
 200 GULF STREAM WAY 1245 E. MONTCLAIR  
 DANIA, FL 33004 SPRINGFIELD, MO 65804

2. Principal Place of Business 3. Mailing Address  
 200 GULF STREAM WAY 1245 E. MONTCLAIR

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
 DANIA, FL SPRINGFIELD, MO 65-0870759 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 33004 BROWARD 65804 GREENE

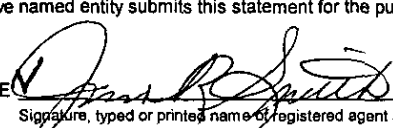
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, GARY D  
 ADMIRALITY TOWER-SUITE 700  
 4400 PGA BOULEVARD  
 PALM BEACH GARDENS, FL 33410

Name  
 JANET SMITH  
 Street Address (P.O. Box Number is Not Acceptable)  
 200 GULF STREAM WAY  
 City  
 DANIA FL Zip Code  
 33004

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  JANET SMITH, PRESIDENT 4/20/2000  
 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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JANET	
STREET ADDRESS	3724 W. MAPLEWOOD	
CITY - ST - ZIP	SPRINGFIELD, MO 65809	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	3724 W. MAPLEWOOD	
CITY - ST - ZIP	SPRINGFIELD, MO 65809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
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:  JANET SMITH 4/20/00 417-887-4755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #