

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000062770**

1. Entity Name...

Wild Florida Productions, Inc. ✓

Principal Place of Business Mailing Address
Wild Florida Productions Inc **Wild Florida Productions Inc**
15832 SW 83 Ct **15832 SW 83 Ct**
Miami FL 33157 **Miami FL 33157**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0937539** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
John P Jones
c/o Wild Florida Productions Inc
15832 SW 83 Ct
Miami FL 33157

7. Name and Address of New Registered Agent
 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 John Paul Jones (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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
John P Jones, PRESIDENT ☐ Delete
15832 SW 83 Ct
Miami FL 33157
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: John Jones SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03-21-2001 90008 002 150.00
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FILED
01 APR -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

SP

3/21/01