

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90067 010 ***150.00

DOCUMENT # P99000062770

1. Entity Name

WILD FLORIDA PRODUCTIONS, INC.

Principal Place of Business

**15832 SW 83 CT.
 MIAMI FL 33157**

Mailing Address

**15832 SW 83 CT.
 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

7. Name and Address of New Registered Agent

**JONES, JOHN P
 15832 SW 83 CT.
 MIAMI FL 33157**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

John Paul Jones
 Signature, typed or printed name of registered agent and title if applicable.

President
 (NOTE: Registered Agent signature required when reinstating)

Sept 1, 2002
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **JONES, JOHN P**
 STREET ADDRESS **15832 SW 83 CT.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 Paul Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 1, 2002 7864934201
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
TO WHOM IT MAY CONCERN, DR. # 1990006277

I'm writing this letter to say that this is the second year in a row that I've received a late letter without receiving the first one. I believe it is unfair for me to pay the late fee, therefore I'm sending a check for one hundred and fifty dollars. I'm hoping this will be sufficient. Please send me the original report to me next year to avoid this complication in the future

Sincerely,

John Paul Jones

John Paul Jones President
Wild Florida Productions