

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73136

1. Entity Name

WILD ORCHID COLLECTIBLES, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90047 020 ***150.00

0107974

Principal Place of Business 8000 PINES BLVD OFFICE 208 PEMBROKE PINES FL 33024-3800 US	Mailing Address JOHN BUNNELL 7840 GRANADA BLVD MIRAMAR FL 33023 US
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} Principal
Place of
Business



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7840 Granada Blvd City, Apt. #, etc.	3. Mailing Address 7840 Granada City, Apt. #, etc.
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City & State Miramar, Florida Zip 33023 Country U.S.A.	City & State Miramar, Florida Zip 33023 Country U.S.A.
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4. FEI Number 65-0369114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUNNELL, JOHN 7840 GRANADA BLVD. MIRAMAR FL 33023
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7. Name and Address of New Registered Agent Name John Bunnell Street Address (P.O. Box Number is Not Acceptable) 7840 Granada Blvd City Miramar FL Zip Code 33023
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNNELL, JOHN 7840 GRANADA BLVD. MIRAMAR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Bunnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2001 954 966-6672
Date Daytime Phone #

CR2E034 (10/00)