

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G21196**

1. Entity Name

HUMMING BIRD, INC.**FILED**
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90062 049 ***150.00

0051161 AV

Principal Place of Business

% THOMAS M. HARRIS
700 CENTRAL AVE., P.O. DRAWER 1441
ST. PETERSBURG FL 33731

Mailing Address

% THOMAS M. HARRIS
CENTRAL AVE PO DRAWER 1441
ST. PETERSBURG FL 33731
US

J U S E A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2875482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, THOMAS M.
150 SECOND AVE. N. #1500
ST. PETERSBURG FL 33731

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **PST**
STREET ADDRESS **WILSON, DOROTHY HAILEY**
CITY-ST-ZIP **4760 COCONUT PALM CIR NE**
ST PETERSBURG, FL 00000TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILSON, DOROTHY HAILEY**
CITY-ST-ZIP **4760 COCONUT PALM CIR NE**
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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:

Dorothy Hailey Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 02

Date

737-525-5965

Daytime Phone #

CR2E034 (9/01)