

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90247 031 ***150.00

DOCUMENT # G21196

1. Entity Name
HUMMING BIRD, INC.



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



2. Principal Place of Business
CHARLES REISCHMANN
Suite, Apt. #, etc.
Suite 1, 1101 PASADENA Ave. S.
City & State
South PASADENA, FLA

Mailing Address
CHARLES REISCHMANN
Suite, Apt. #, etc.
Suite 1, 1101 PASADENA Ave. S.
City & State
South PASADENA, FLA

☒ CHECK HERE IF MAKING CHANGES

3. FEI Number
59-2875482
Applied For
☐ Not Applicable

4. 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
Charles REISCHMANN
Street Address (P.O. Box Number is Not Acceptable)
Suite 1, 1101 PASADENA A.
City
South PASADENA, FL Zip Code
33707-2894

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PST WILSON, DOROTHY HAILEY 4760 COCONUT PALM CIR NE ST PETERSBURG FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WILSON, DOROTHY HAILEY 4760 COCONUT PALM CIR NE ST PETERSBURG FL 33703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/8/03 **727-525-5905**
Date Daytime Phone #

CR2E034 (10/02)