

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G84925

1. Entity Name

MALCOLM BIRD & ASSOCIATES, INC.

FILED

Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90078 016 \*\*\*150.00

Principal Place of Business

Mailing Address

633 EAST DRIVE  
% MALCOLM T. BIRD P.O. BOX 1550  
DELRAY BEACH FL 33445  
US

633 EAST DRIVE  
% MALCOLM T. BIRD P.O. BOX 1550  
DELRAY BEACH FL 33445  
US

00004536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

633 EAST DRIVE

Suite, Apt. #, etc.

3. Mailing Address

633 EAST DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

DELRAY BEACH

4. FEI Number

59-2403293

Applied For

Not Applicable

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIRD, MALCOLM T.  
633 EAST DRIVE  
DELRAY BEACH FL 33445

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, 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 PD ☐ Delete  
NAME BIRD, MALCOLM T.  
STREET ADDRESS 633 EAST DR.  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VST ☐ Delete  
NAME BIRD, MALCOLM T.  
STREET ADDRESS 633 EAST DR.  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Malcolm T Bird*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MALCOLM T BIRD

01/10/01  
Date

561 278-4499  
Daytime Phone #

CR2E034 (10/00)

0511948