2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000264

1. Entity Name
YELLOW BIRD, L.C.

FILED
00 MAR 13 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3001 ESTERO BLVD. BOX #61 FORT MYERS FL 33931	3001 ESTERO BLVD. BOX #61 FORT MYERS FL 33902-0061

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3001 Estero Blvd.	3001 Estero Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers Beach, FL	City & State: Fort Myers Beach, FL
Zip: 33931 Country: USA	Zip: 33931 Country: USA

4. FEI Number 65-0435019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROGAN, LAURA L P.A. 2691 EAST OAKLAND PARK BLVD. SUITE 102 FT. LAUDERDALE FL 33306	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MICROTREK, CORPORATION 540 E. MCNAB RD. STE. C POMPANO BEACH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M TNP, INC., 540 E. MCNAB RD., STE. C POMPANO BEACH FL 33060 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Patrick A. Brogan 3001 Estero Blvd. Fort Myers Beach, FL 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003183[illegible] Change Addition -03/24/00--01031--006 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

*ii. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Patrick A. Brogan SIGNATURE REQUIRED Patrick A. Brogan 3-7-00 941-765-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #