NOT-FOR-PROFIT CORPORÁTION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 19300000

FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90039 008 ****70.00

2. Principal Pace of Business 5430 S. P. 193rd Terr Sun- Apt. 4. etc. DO NOT WRITE Cey & State Hawthorne, F1. 2p County 32640 U.S.A 3.6.40 S. E. 193rd Terr Cive Hawthorne FL Zep Code 3.2.6.40 B. Hawthorne FL Zep Code 3.2.6.40 B. Hawthorne FL Zep Code 3.2.6.40 D. DUT FEE IS \$61.25 Initial or Amended USR Prost Fund Contribution. D. DEFICERS AND DIRECTORS 10. Director Ray Haufler 54.30 S. E. 193rd Terr. Grey 5-120 Hawthorne, Fl. 326.40 Director Ray Haufler 54.30 S. E. 193rd Terr. Grey 5-120 Hawthorne, Fl. 326.40 Director Sign Haufler 54.40 S. E. 193rd Terr. Sign Haufler 54.40 S. E. 193rd Terr. Sign Haufler 54.40 S. E. 193rd Terr. Grey 5-120 Hawthorne, Fl. 326.40 Director Sign Haufler 54.40 S. E. 193rd Terr. Sign Haufler 54.	Bird	World, Inc.			, v .	.,			
Super Apt 4, etc. Super Apt 4,	,	DO NOT WRIT	E IN TH	IIS SPAC	CE		427493		
Super Apt 4, etc. Super Apt 4,	Principal Place of Business 3. Mailing Address					{	,		
Hawthorne, F1. Hawthorne, F1. Country 32640 U.S.A. 7. Name and Address of Current Registered Agent Fee Required Fee Requir			5430 S				DO NOT WRITE IN THIS SPACE		
Zip Country 32640 U.S.A 32640 U.S.A 5. Certificate of Status Desired X	City & State City & State			tate				Applied For	
Second Comparison of Processing Comparison o									
DO NOT WRITE IN THIS SPACE 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.	•		1 '	1	•	5. Certificate of Star			
DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florids. SIGNATURE Signature Stream, tiped or privide named agent agen	3264	0 <u>l U S A</u>	132640	U		7. Name and Addres			
R. 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	gagan and San		-	une o <u>a à o</u> gra	Ray Street Address	Haufler (P.O. Box Number is No	ot Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signame, hyperid or printed name of registered agent and the if applicable. (NOTE Registered Agent signame required when reinstance) DATE	iiv iiiio oi Aoz				1 1				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8. The above	named entity submits this statement	for the purpose of	f changing its registe			ne state of Florida.		
Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Director Hawthorne, Fl. 32640 TITLE Director Hwy 20 Hawthorne, Fl. 32640 TITLE Director Garth Antony STREET ADDRESS CITY-ST-ZIP TITLE Director Garth Antony TITLE TITLE Director Gainesville, Fl. 32606 TITLE TITLE Director Gainesville, Fl. 32606 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Director Gainesville, Fl. 32606 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	SIGNATURE		nt and title if applicable.	(NOTE: Register	ed Agent signature require	ed when reinstating)	DATE		
TITLE NAME TADORESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								- 1	
NAME TI ANY STREET ADDRESS CITY-ST-ZIP RAY Haufler 5430 S E 193rd Terr. TITLE Director Scott Lester Hwy 20 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Director Scott Lester Hwy 20 TITLE Director Garth Antony Hawthorne, Fl. 32640 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Director Garth Antony Hawthorne Hawt	10.	OFFICERS AND D	IRECTORS						
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TITLE NAME Garth Antony STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHERYL Haufler STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Hawthorne, F1. 32640 TITLE NAME STREET ADDRESS	NAME STREET ADORESS	Director Scott Lester	-	NAF STR	ME EET ADDRESS				
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indicated on this report or supplemental report is true and faccurate 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-8-02

352-481-0009