

2000 UNIFORM BUSINESS REPORT (UBR)

77777100-90009-007-\$70.00-\$70.00

DOCUMENT # N99000007484

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1. Entity Name

BIRD'S, INC.

Principal Place of Business

Mailing Address

4323 BENCH MARK TRACE
TALLAHASSEE FL 32311

4323 BENCH MARK TRACE
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3621161

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANN-JOHNSON JONES, GLORIA
4323 BENCH MARK TRACE
TALLAHASSEE FL 32311

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 necessary)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGINALD JONES <input type="checkbox"/> Delete DIRECTOR 4323 BENCHMARK TRACE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLORIA JONES <input type="checkbox"/> Delete DIRECTOR 4323 BENCHMARK TR, TALL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAKA JONES <input type="checkbox"/> Delete DIRECTOR 4323 BENCHMARK TR, TALL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHARDAY JONES <input type="checkbox"/> Delete TRUSTEE 4323 Bench mark Tr, Tall, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REGINALD JONES 223 E. VIRGINIA ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHAKA R. JONES 223 E. VIRGINIA ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GLORIA DIANN JOHNSON-JONES 4323 BENCHMARK TRACE TALL FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition SHARDAY JONES 4323 Benchmark trace Tallahassee, FL 32311

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

6/29/00

(850)216-2929

FILED
00 SEP 18 PM 1:03

SECRETARY OF STATE
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

CREATED (9/98)

SP