

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000007484**  
 1. Entity Name  
**BIRDIS, INC.**

Principal Place of Business <b>4323 BENCH MARK TRACE TALLAHASSEE FL 32311</b>	Mailing Address <b>4323 BENCH MARK TRACE TALLAHASSEE FL 32311</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**6. Name and Address of Current Registered Agent**  
**DIANN-JOHNSON JONES, GLORIA**  
**4323 BENCH MARK TRACE**  
**TALLAHASSEE FL 32311**

4. FEI Number **59-3621161**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D JONES, REGINALD STREET ADDRESS 4323 BENCH MARK TRACE CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D JONES, GLORIA STREET ADDRESS 4323 BENCH MARK TRACE CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D JONES, SHAKA STREET ADDRESS 4323 BENCH MARK TRACE CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME AST JONES, SHARDAY STREET ADDRESS 4323 BENCH MARK TRACE CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S DIANN-JOHNSON, GLORIA STREET ADDRESS 4323 BENCH MARK TRACE CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T JONES, SHAKA R STREET ADDRESS 223 E. VIRGINIA ST CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete	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 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: *Amelia D. [Signature]* **9/12/01** **(850) 216-2929**

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**01 SEP 12 AM 9:39**



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

**SP**