

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007484

1. Entity Name

BIRDIS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 12 AM 9:39

Principal Place of Business

4323 BENCH MARK TRACE
TALLAHASSEE FL 32311

Mailing Address

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$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 D
NAME JONES, REGINALD
STREET ADDRESS 4323 BENCH MARK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE D
NAME JONES, GLORIA
STREET ADDRESS 4323 BENCH MARK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE D
NAME JONES, SHAKA
STREET ADDRESS 4323 BENCH MARK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE AST
NAME JONES, SHARDAY
STREET ADDRESS 4323 BENCH MARK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE S
NAME DIANN-JOHNSON, GLORIA
STREET ADDRESS 4323 BENCH MARK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE T
NAME JONES, SHAKA R
STREET ADDRESS 223 E. VIRGINIA ST
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300004597073--5
CITY-ST-ZIP -09/18/01--01048--026

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

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

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

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: *[Signature]*

9/12/01 (850) 216-2929

0001907

CR2E037 (5/01)

SP