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DOCUMENT # N9900007484 1. Entity Name BIRDIS, INC.					SI	ECRETARY OF LAHASSEE, FL	STATE		
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Principal Place of Business Mailing A			ing Address				•		
4323 BENCH MARK TRACE TALLAHASSEE FL 32311			4323 BENCH MARK TRACE TALLAHASSEE FL 32311						
2. Principal F	Place of Business	3. Ma	ailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta			City & State		A SSIAL			plied For	
Oity a oid	· · · · · · · · · · · · · · · · · · ·		nly d olale		5. TET Number 5.	9-3621161	<u> </u>	t Applicable	
Zip	Country	Z	^z ip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of	Current Register	red Agent	A12	7. Name and Addr	ess of New Registered	d Agent		
_			1	Name	(0.0.0				
	OHNSON JONES , GLORIA NCH MARK TRACE			Street Addr	ress (P.O. Box Number is N	iot Acceptable)	·		
	ASSEE FL 32311			- Cit	-		■ Zip Code		
				City		F	LZip Code	e	
SIGNATURE	e named entity submits this state			E: Registered Agent signature re		DATE		\	
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if a	pplicable. (NOTI	E: Registered Agent signature re	equired when reinstating) \$5.00 May Be	Make Che	ck Payable	to	
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if a	pplicable. (NOTI	E: Registered Agent signature re	equired when reinstating)	Make Che		to	
SIGNATURE After Sept 10.	FILE NOW: FEE IS \$61.: tember 12, 2001, min. will	tered agent and title if a	9. Election Car Trust Fund (E: Registered Agent signature rempalgn Financing Contribution.	\$5.00 May Be Added to Fees	Make Che	ck Payable ent of State	to	
After Sept 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of regist FILE NOW: FEE IS \$61.: tember 12, 2001, min. wil OFFICERS D JONES, REGINALD 4323 BENCH MARK TRAK	25 II be \$236.25 AND DIRECTOR:	9. Election Car Trust Fund (E: Registered Agent signature re mpalgn Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make Che Departm STO OFFICERS AND I	ck Payable tent of State DIRECTORS IN Change	to	
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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 11 if changed, or on an attachment with an address, with all other like empowered.