

2002 UNIFORM BUSINESS REPORT (UBR)

0002262

DOCUMENT # N99000007484

1. Entity Name
BIRDIS, INC.

FILED

02 SEP 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4323 BENCH MARK TRACE 4323 BENCH MARK TRACE
TALLAHASSEE FL 32311 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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002, 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 <input type="checkbox"/> Delete
NAME	JONES, REGINALD
STREET ADDRESS	4323 BENCH MARK TRACE
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, GLORIA
STREET ADDRESS	4323 BENCH MARK TRACE
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, SHAKA
STREET ADDRESS	4323 BENCH MARK TRACE
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	AST <input type="checkbox"/> Delete
NAME	JONES, SHARDAY
STREET ADDRESS	4323 BENCH MARK TRACE
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	S <input type="checkbox"/> Delete
NAME	DIANN-JOHNSON, GLORIA
STREET ADDRESS	4323 BENCH MARK TRACE
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	T <input type="checkbox"/> Delete
NAME	JONES, SHAKA R
STREET ADDRESS	223 E. VIRGINIA ST
CITY-ST-ZIP	TALLAHASSEE FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	200007809712--6
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	****61.25 ****61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **REQUIRED**

9/16/02 201-2984

CR2E037 (4/02)