

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90133 025 \*\*\*150.00

**DOCUMENT # P00000054001**

1. Entity Name

**WILD BIRDS UNLIMITED OF TAMPA, INC.**

Principal Place of Business

**13129 N DALE MABRY HWY  
TAMPA FL 33618**

Mailing Address

**13129 N DALE MABRY HWY  
TAMPA FL 33618**

2. Principal Place of Business

**13140 N DALE MABRY HWY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

4. FEI Number

**59-3650668**

Applied For

Not Applicable

Zip

**33618**

Country

**HILLSBOROUGH**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, GREG**

**13129 N DALE MABRY HWY  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **GREG / SHIRLEY WILLIAMS**

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

**13140 N DALE MABRY HWY**

**TAMPA**

City **TAMPA**

**FL**

Zip Code

**33618**

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

*Shirley Williams, owner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WILLIAMS, GREG**  
STREET ADDRESS **13129 N DALE MABRY**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **SD** ☐ Delete  
NAME **WILLIAMS, SHIRLEY**  
STREET ADDRESS **13129 N DALE MABRY**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shirley Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02 (83) 961-2772*

Date

Daytime Phone #

CR2E034 (9/01)