

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-15-2001 90017 020 ***150.00

DOCUMENT # P00000075490

1. Entity Name

OUR BIRD SEED, INC.

Principal Place of Business

1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address

1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

2. Principal Place of Business

1000 NE 24 Ave

Suite, Apt. #, etc.

3. Mailing Address

1000 NE 24 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

65-1034786

Applied For

Not Applicable

Zip

34972

Country

USA

Zip

34972

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESQUIRE
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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

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, 2001 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 ☐ Delete

NAME
NIX, MARY VERONICA
STREET ADDRESS
1000 NE 24TH AVENUE
CITY-ST-ZIP
OKEECHOBEE FL 34972

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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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

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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:

Mary Veronica Nix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

561-466-3166

Daytime Phone #

CR2E034 (10/00)