

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087102

1. Entity Name

M & W BIRD TRUCKING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90148 024 ***150.00

Principal Place of Business

5598 NW 216 ST.
LAWTEY FL 32058

Mailing Address

5598 NW 216 ST.
LAWTEY FL 32058

2. Principal Place of Business

5598 NW 216 ST.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 590422
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lawtey Fla

City & State

Orlando Fla

4. FEI Number

522267030

Applied For

Not Applicable

Zip

32058

Country

Zip

32859

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRD, WALTER L
5598 NW 216 ST.
LAWTEY FL 32058

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

Walter L. Bird
(NOTE: Registered Agent signature required when reinstating)

4-27-01
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 DP
STREET ADDRESS BIRD, WALTER L
CITY-ST-ZIP 5598 NW 216 ST.
LAWTEY FL 32058

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS Walter L. Bird
CITY-ST-ZIP P.O. Box 590422
Orlando Fla 32859

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

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: Walter L. Bird Walter L. Bird 4-27-01 407 810 5395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)