

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087102

1. Entity Name

M & W BIRD TRUCKING, INC.

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 590722

Suite, Apt. #, etc.

City & State

Laukey Fla

City & State

Orlando Fla

Zip

32058

Country

Zip

32859

-Orange

Country

Zip

-Orange

4. FEI Number

522267030

Applied For

Not Applicable

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

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BIRD, WALTER L
STREET ADDRESS 5598 NW 216 ST.
CITY-ST-ZIP LAWTEY FL 32058 DeleteTITLE President
NAME Walter L. Bird
STREET ADDRESS P.O. Box 590722
CITY-ST-ZIP Orlando Fla 32859 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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 #