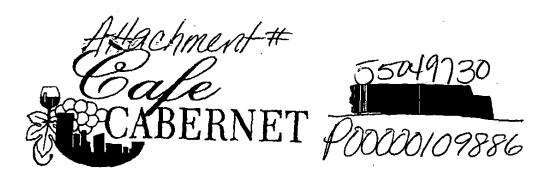
## 2003 FOR PROFIT CORPONATION UNIFORM BUSINESS REPORT (UBR)

**FILED** Jun 24, 2003 8:00 am Secretary of State 06-17-2003 90025 012 \*\*\*150.00

6/1'

DOCUMENT # P00000109886  1. Entity Name BIRDCO, INC.								00-1	7-2003 :	90023	)12 ***	130.00	
Principal Place 1019 N MONE TALLAHASSE		Mailing Address 1019 N MONROE ST TALLAHASSEE FL 32308			55049730								
		3. Mailing Address	· <u></u> -	·. ·									į
2. Principal P	<del></del>			1			1 111	ا ئولى:	!				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State		City & State			4. FEI	4. FEI Number 59-3686039				Applied For Not Applicable			
Zip	Country Zip Ci			ntry		5. Certificate of Status Desired S8.75 Additional Fee Required							
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent								
HORTON, BOOTH &	215	<del>1017</del> 0	0 N - 1 1, M 1 M	Wile: Number is DOFC. Mce	Not Accept WHKI St.	otable) nson, B	Sell * 1d f	Din	bar				
TALLAHASSEE FL 32301  City CLUCUSSLE  FL Zip And 30  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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent and to if applicable.  SIGNATURE  Substitute Lead or printed name of registered agent and toe if applicable. (NOTE: Registered Agent agent when reinstating)  DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					·		Trust F	und Contri			Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS  Delete	11.			ADDIT	IONS/CH	ANGES TO	OFFICERS		ECTORS Change	S IN 11  Addition	18
NAME! STREET ADDRESS CITY-SI-ZIP	BURLESON, JAY JACKSON 234 LAFAYETTE CIR TALLAHASSEE FL 32303	LJ Deleta	NAM STRE		_						Chang <del>a</del>	Aggillon .	CR2E034 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP	D Burleson, Robert G 1260 Live Oak Plantation RD Tallahassee FL 32312	☐ Deiele		-							Change	☐ Addition	38
TITLE NAME *STREET ADDRESS*	The second with a Salaman and region for an	□ Delete	TITUE NAM - STRE	_				-			Change	Addition	1
CITY-ST-ZIP			CITY	-ST-ZIP		· ·	<del></del>						
TITLE NAME		Detete	TITLE NAME	ε							Change	Addition	
STREET ADDRESS   CITY-ST-ZIP				ET ADDRESS -St-Zip									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				<u>-</u>					Change	Addition ,	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	•	1							Change	Addition	1
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 607, 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.													



June 16, 2003

Division of Corporations
PO-Box 1-500
Tallahassee, FL 32302-1500

Dear Sir or Madame:

We just received this notice last week in the mail. In light of that please accept this payment of \$150 without the late fee.

Sincerely yours,

Beverly B. Burleson