

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0062778 AV

DOCUMENT # P01000002089

1. Entity Name

BIRDER LAW OFFICES, P.A.

02-05-2002 90132 046 ***150.00

Principal Place of Business

**901 NW 57TH ST
 GAINESVILLE FL 32605**

Mailing Address

**P O BOX 15508
 GAINESVILLE FL 32604-5508**

2. Principal Place of Business

6224 NW 43rd ST.

Suite, Apt. #, etc.

Suite B

City & State

Gainesville FL

Zip

32653

Country

U.S.A.

3. Mailing Address

6224 NW 43rd ST

Suite, Apt. #, etc.

Suite B

City & State

Gainesville FL

Zip

32653

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3691673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BIRDER, DUDLEY D JR
 901 NW 57TH ST
 GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name

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

6224 NW 43rd ST

Suite B

City

Gainesville

FL

Zip Code

32653

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] **President**

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

(NOTE: Registered Agent signature required when reinstating)

1.11.02

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 **D** ☐ Delete
 NAME **BIRDER, DUDLEY D JR**
 STREET ADDRESS **901 NW 57TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6224 NW 43rd ST., Suite B**
 CITY-ST-ZIP **Gainesville, FL 32653**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 NAME
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 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:

[Signature] **Signature Required**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.11.02 352.331.3333

Daytime Phone #

CR2E034 (9/01)