

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

4/2

04-23-2003 90064 016 \*\*\*150.00

**DOCUMENT # P02000094231**

1. Entity Name  
**THE BIREDA GROUP, INC.**



Principal Place of Business  
**402 IDA AVENUE  
PUNTA GORDA FL 33950**

Mailing Address  
**P.O. BOX 510618  
PUNTA GORDA FL 33951-0618**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number  
**51-0429274**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BIREDA, MARTHA R  
402 IDA AVENUE  
PUNTA GORDA FL 33950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Martha R. Bireda* DATE 5/15/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE <i>President</i>	NAME <i>Martha R. Bireda</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>402 Ida Avenue</i>	CITY-ST-ZIP <i>Punta Gorda FL 33950</i>	
TITLE <i>V. President</i>	NAME <i>Jaha F. Cummings</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>402 Ida Avenue</i>	CITY-ST-ZIP <i>Punta Gorda, FL 33950</i>	
TITLE <i>Secretary/Treasurer</i>	NAME <i>Saba P. Bireda</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>402 Ida Avenue</i>	CITY-ST-ZIP <i>Punta Gorda, FL 33950</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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.

SIGNATURE: *Martha R. Bireda* **REQUIRED** DATE 5/21/03 DAYTIME PHONE # 941-639-284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)