

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90175 042 ***150.00

DOCUMENT # P97000013051

1. Entity Name
BIRDWELL BUILDERS & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~3829 WATERFIELD CIR.~~ **3829 PROGRESS DR.** PO BOX 90664
~~LAKELAND FL 33803~~ **33811** LAKELAND FL 33804-0664
 US

2. Principal Place of Business 3. Mailing Address
3829 PROGRESS DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKELAND, FL
 Zip Country Zip Country
33811 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3426014** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BIRDWELL, MITCHELL
214 PATTEN HEIGHTS
LAKELAND FL 33803

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BIRDWELL, MITCHELL	
STREET ADDRESS	214 PATTEN HEIGHTS	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIRDWELL, KATHY	
STREET ADDRESS	214 PATTEN HEIGHTS	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Kathy Birdwell Sec Treas. Date: 4-27-00 Daytime Phone #: 863-709-9401

CR2E034 (9/99)