FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108949

1. Entity Name

WILD BIRDS OF SARASOTA, INC.

FILED

03 OCT 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7386 S. TAMIAMI TRAIL	7386 S. TAMIAMI TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA
Zip: 34231-7004 Country: SARASOTA	Zip: 34231-7004 Country: SARASOTA

4. FEI Number: 65-0802830 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DENNIS S. SILVER

Street Address (P.O. Box Number is Not Acceptable): 8486 S. TAMIAMI TRAIL

City: SARASOTA FL Zip Code: 34238

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 _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	CHARLES E. RUSHING
STREET ADDRESS	7386 S. TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	ST
NAME	BRUCE H. BACHOFER
STREET ADDRESS	7386 S. TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce H. Bachofer BRUCE H. BACHOFER 10.21.2003 941.922.1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M 10/30