## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000021935

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: CAUDLE, MELÍSSA

18951 S.W. 244TH STREET

18951 S.W. 244TH STREET

HOMESTEAD, FL 33031

(X) Delete

HOMESTEAD, FL 33031

CAUDLE, HERBERT L

Entity Name: HUMMINGBIRD ADVENTURES, INC

FILED Feb 11, 2003 Secretary of State

	11011111	TYOBIND ABVEITTORES, IIVO.					
Current P	rincipal Pla	ce of Business:	New Pri	New Principal Place of Business:			
13200 S.W MIAMI, FL	/. 232ND ST 33170	REET		18951 SW 244TH STREET HOMESTEAD, FL 33031			
Current N	lailing Addr	ess:	New Mai	New Mailing Address:			
13200 S.W MIAMI, FL	/. 232ND ST 33170	REET		18951 SW 244TH STREET HOMESTEAD, FL 33031			
FEI Number	: 65-0816048	FEI Number Applied For()	FEI Number Not Ap	oplicable ( )	Certificate of Status Desi	red (X)	
Name and	l Address of	Current Registered Agent:	Name an	Name and Address of New Registered Agent:			
HOMESTE	TH STREET EAD, FL 330 named entit e of Florida.		e purpose of changing	g its registered	office or registered agen	t, or both,	
01011/1101		onic Signature of Registered A	gent	Date			
	mpaign Financ S AND DIRE	ing Trust Fund Contribution().	ADDITIC	NS/CHANGE	S TO OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	MARTIN, MAI	232ND STREET	Title: Name: Address: City-St-Zip:	CAUDLE, HE 18951 SW 24	44TH STREET		
Title: Name: Address: City-St-Zip:	MARTIN, CH	232ND STREET	Title: Name: Address: City-St-Zip:	CAUDLE, ME 18951 SW 24	44TH STREET		
Title <sup>.</sup>	D	(X) Delete	Title:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: HERBERT LAWRENCE CAUDLE, III PRES 02/11/2003

() Change () Addition