2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State P98000104336 DOCUMENT # 05-28-2002 91694 025 ***150 00 THE BACKYARD BIRD COMPANY, INC. Principal Place of Business Mailing Address 27316 ORURO DR. 27316 ORURO DR. R0119776 PUNTA GORDA FL 33983 PUNTA GORDA FL 33983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0882267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNDERSON, MIKO P Street Address (P.O. Box Number is Not Acceptable) C/O BATSEL, MCKINLEY, INTTERSAGEN 1861 PLACIDA RD., STE. 201 EDGEWOOD FL 34223 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 (9/01)Addition TITLE ☐ Delete DEVRIES, KIRK N NAME NAME **CR2E034** STREET ADDRESS 27316 ORURO DR. STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33983 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition VTD NAME DEVRIES, KRISTINA M NAME STREET ADDRESS STREET ADDRESS 27316 ORORO DRIVE CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33983 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

FILED