

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91077 010 ***150.00

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

DOCUMENT # P99000028802 1. Entity Name REDLAND AVIARY, INC.																														
Principal Place of Business P.O. BOX 901775 HOMESTEAD, FL 33090		Mailing Address P.O. BOX 901775 HOMESTEAD, FL 33090																												
2. Principal Place of Business 19001 S.W. 270st		3. Mailing Address 19001 S.W. 270st																												
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																												
City & State Homestead, Fla		City & State Homestead, Fla																												
Zip 33031	Country USA	Zip 33031																												
Country USA		4. FEI Number 65-0905849																												
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable																												
☐ CHECK HERE IF MAKING CHANGES																														
6. Name and Address of Current Registered Agent SMITH, RONALD L JR. 1490 N.W. 17TH STREET HOMESTEAD, FL 33030 <i>please change address</i>		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 <i>Alice Smith</i> DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)																														
FILE NOW!!! FEE IS \$150.00 After May 12, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State																														
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete SP SMITH, RONALD L 1490 N.W. 17TH STREET HOMESTEAD, FL 33030 </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition SP RONALD L. SMITH 19001 S.W. 270ST HOMESTEAD FLA 33031 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete DT SMITH, ALICE 1490 N.W. 17TH STREET HOMESTEAD, FL 33030 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☒ Change ☐ Addition DT Alice Smith 19001 S.W. 270ST HOMESTEAD FLA 33031 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete DVP SMITH, RONALD L JR. 1490 N.W. 17TH STREET HOMESTEAD, FL 33030 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☒ Change ☐ Addition DVP Ronald L. Smith Jr. 19001 S.W. 270ST Homestead FLA 33031 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete DS TEPLY-SMITH, TERRI L 1490 N.W. 17TH STREET HOMESTEAD, FL 33030 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☒ Change ☐ Addition DS Terri L. Teply Smith 19001 S.W. 270ST Homestead FLA 33031 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SP SMITH, RONALD L 1490 N.W. 17TH STREET HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SP RONALD L. SMITH 19001 S.W. 270ST HOMESTEAD FLA 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DT SMITH, ALICE 1490 N.W. 17TH STREET HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DT Alice Smith 19001 S.W. 270ST HOMESTEAD FLA 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DVP SMITH, RONALD L JR. 1490 N.W. 17TH STREET HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DVP Ronald L. Smith Jr. 19001 S.W. 270ST Homestead FLA 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DS TEPLY-SMITH, TERRI L 1490 N.W. 17TH STREET HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DS Terri L. Teply Smith 19001 S.W. 270ST Homestead FLA 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowers.																														
SIGNATURE: <i>Alice Smith</i> DATE: <i>3/10/03</i> DAYTIME PHONE: <i>305-247-6995</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																														

CRE034 (10/02)