

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90040 024 \*\*\*150.00

**DOCUMENT # P99000103805**

1. Entity Name

**J. D. BIRD, INC.**

Principal Place of Business

Mailing Address

**14 E WASHINGTON STREET  
STE 404  
ORLANDO FL 32801****14 E WASHINGTON STREET  
STE 404  
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

**P O Box 500**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Orlando FL**

4. FEI Number

**59-3610260**

Applied For

Not Applicable

Zip

Country

Zip

**32802**

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WOLFE, CLAUDE  
14 E WASHINGTON STREET  
STE 404  
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLFE, CLAUDE 14 E WASHINGTON STREET, STE 404 ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Claude Wolfe****P.O. Box 500  
Orlando, FL 32802-0500**

Daytime Phone #

CR2E034 (5/99)