

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

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

03-17-2003 90070 045 ***150.00

DOCUMENT # P99000103805



1. Entity Name
J. D. BIRD, INC.

Principal Place of Business
**14 E WASHINGTON STREET
STE 404
ORLANDO FL 32801**

Mailing Address
**PO BOX 500
ORLANDO FL 32802**



2. Principal Place of Business
39255 Rose St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Umatilla FL

City & State

4. FEI Number **59-3610260**

Applied For
☐ Not Applicable

Zip
32784

Country
Lake

Zip

Country

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

6. Name and Address of Current Registered Agent.

**WOLFE, CLAUDE
14 E WASHINGTON STREET
STE 404
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

39255 Rose St
Street Address (P.O. Box Number is Not Acceptable)
39255 Rose St

City

Umatilla

FL

Zip Code
32784

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: *Claude Wolfe*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-03

FILE NOW!!! FEE IS \$180.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	WOLFE, CLAUDE	
STREET ADDRESS	14 E WASHINGTON STREET, STE 404	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Claude Wolfe</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	39255 Rose St	
CITY-ST-ZIP	Umatilla FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)