## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am Secretary of State DOCUMENT # V25943 Entity Name 02-20-2002 90152 030 \*\*\*150.00 VARBIRD PARTS & MEMORABILIA, INC. Mailing Address rincipal Place of Business 2710 CLARK ROAD 710 CLARK ROAD **TAMPA FL 33618** AMPA FL 33618 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3128372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WISLER, DONALD J Street Address (P.O. Box Number is Not Acceptable) 2710 CLARK ROAD **TAMPA FL 33618** Zip Code City FL 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. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Addition TITLE TLE Delete NAME AME WISLER, DONALD J STREET ADDRESS REET ADDRESS 2710 CLARK ROAD CITY-ST-ZIP TY-ST-ZIP **TAMPA FL 33618** ☐ Change ☐ Addition ŤLΕ Delete TITLE AME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP Tr-ST-ZIP ☐ Addition ÎLE ☐ Delete TITLE Change AME NAME STREET ADDRESS FREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition İTLE ☐ Delete TITLE AMF NAME STREET ADDRESS TREET ADDRESS ÎTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete ĬΓLE NAME AME STREET ADDRESS REET ADORESS CITY-ST-ZIP TY-ST-7IP TITLE Change ☐ Addition ☐ Delete TLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP 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.

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