

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90111 037 \*\*\*550.00

**DOCUMENT # 182992**

1. Entity Name

**J.C. BYRD INVESTMENT & CONTRACTING CO.**

*LB*

Principal Place of Business

**CONTRACTING CO., 1203 GREENVIEW DRIVE  
 LAKELAND FL 33805**

Mailing Address

**CONTRACTING CO., 1203 GREENVIEW DRIVE  
 LAKELAND FL 33805**

**RECEIVED**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1325216**

Applied For

Not Applicable

Zip

Country

Zip

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

**BYRD, LILLIAN  
 1203 GREENVIEW DRIVE  
 LAKELAND FL 33805**

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, 2001 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          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>BYRD, JAMES E</b>             |                                            |
| STREET ADDRESS | <b>716 CALBRE SPRINGS WAY NE</b> |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA 30342-1877</b>     |                                            |
| TITLE          | <b>SD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>BYRD, LILLIAN C</b>           |                                            |
| STREET ADDRESS | <b>1203 GREENVIEW DR.</b>        |                                            |
| CITY-ST-ZIP    | <b>LAKELAND FL</b>               |                                            |
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>BYRD, LEONARD N.</b>          |                                            |
| STREET ADDRESS | <b>514 BROOKER RD.</b>           |                                            |
| CITY-ST-ZIP    | <b>BRANDON FL</b>                |                                            |
| TITLE          | <b>VP</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>BYRD, WILLIAM C.</b>          |                                            |
| STREET ADDRESS | <b>207 WINDSOR DRIVE</b>         |                                            |
| CITY-ST-ZIP    | <b>WARNER ROBINS GA</b>          |                                            |
| TITLE          |                                  | <input checked="" type="checkbox"/> Delete |
| NAME           |                                  |                                            |
| STREET ADDRESS |                                  |                                            |
| CITY-ST-ZIP    |                                  |                                            |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| 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    |  |                                                                   |
| 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    |  |                                                                   |

*James - died 4, 13, 99*

*funeral 7, 6, 2001*

*Leonard died 7, 1, 2001*

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:** *Lillian C. Byrd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7, 8, 2001*

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
Doc # 182992

A0076764

7, 8, 2001

Since the sudden death  
of Leonard N. Byrd,  
we will have a meeting  
to elect a different person for  
president

Sincerely  
Lillian Byrd