

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90119 039 ***150.00

0049241

DOCUMENT # 466830

1. Entity Name

JAMES B. BYRNE, JR., P.A.

Principal Place of Business

Mailing Address

**370 CROWN OAK CENTRE DR.
 LONGWOOD FL 32750**

**370 CROWN OAK CENTRE DR.
 LONGWOOD FL 32750**

2. Principal Place of Business

500 Crown Oak Centre Dr.

3. Mailing Address

500 Crown Oak Centre Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

USA

Zip

32750

Country

USA

4. FEI Number

59-1565982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BYRNE JR, JAMES B.
 370 CROWN OAK CENTRE DR.
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name

James B. Byrne, Jr.

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

500 Crown Oak Centre Drive

Longwood, FL 32750

City

Longwood,

FL

Zip Code
32750

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 **James B. Byrne, Jr.**

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

(NOT: Registered Agent signature required when reinstating)

4/4/01

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

TITLE **PD** ☐ Delete
 NAME **BYRNE, JAMES B., JR.**
 STREET ADDRESS **370 CROWN OAK CENTRE DR.**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Byrne, James B., Jr.**
 STREET ADDRESS **500 Crown Oak Centre Drive**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Date

Daytime Phone #

4/4/01

407-831-0450

CR2E034 (10/00)