FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 17, 2002 8:00 am DOCUMENT # 482640 Secretary of State 1. Entity Name 01-17-2002 90003 031 ***150.00 THE BYRD LAW FIRM, P.A. Principal Place of Business Mailing Address 100 WALLACE AVE 100 WALLACE AVE STE 250 STE 250 SARASOTA FL 34237 SARASOTA FL 34237 ШS 2. Principal Place of Business 3. Mailing Address lain Street 2151 STREAM main DO NOT WRITE IN THIS SPACE Applied For ⊆itv & State 4. FEI Number 59-1613484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYRD, LARRY 100 WALLACE AVE STE 250 SARASOTA FL 34237 ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nar tresident SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete NAME BYRD. LARRY alsi main st., Sile 201 STREET ADDRESS STREET ADDRESS 100 WALLACE AVE STE 250 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL TITLE TITLE Delete NAME NAME Byrd, Derek STREET ADDRESS STREET ADDRESS 100 WALLACE AVE STE 250 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE Delete TITLE Change NAME NAME BYRD. HEATHER STREET ADORESS STREET ADDRESS 100 WALLACE AVE STE 250 CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 👡 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of custee 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 offiger like empowered.

Daytime Phone #

SIGNATURE: