

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90028 020 ***150.00

DOCUMENT # 674947

1. Entity Name **BYNUM ENTERPRISES, INC.**

00014601



DO NOT WRITE IN THIS SPACE

Principal Place of Business 830 EYRIE DRIVE SUITE 5-B OVIEDO FL 32765 US		Mailing Address 830 EYRIE DRIVE SUITE 5-B OVIEDO FL 32765-8601 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2007223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BYNUM, HARRY M 671 LEMON BLUFF ROAD OSTEEN FL 32764	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVT <input type="checkbox"/> Delete	NAME BYNUM, HARRY M STREET ADDRESS 671 LEMON BLUFF ROAD CITY-ST-ZIP OSTEEN FL 32764	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME VPS LANIUS, WENDY B STREET ADDRESS 26 IRISH MOSS PL CITY-ST-ZIP THE WOODLANDS TX	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4773 ROCKY RIVER RD WEST STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME VP - WILLIAM LITTLETON STREET ADDRESS 6340 BEECHNUT DR CITY-ST-ZIP LAKELAND, FL 33813	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]* **HARRY M. BYNUM** **President** **1-24-00** **407-365-8211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)