

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90047 050 ***150.00

DOCUMENT # F26429

1. Entity Name
BYRON LEISURE CORP.

Principal Place of Business
ATTN: PATTI HARDIN, CPA
1470 ROYAL PALM SQ. BLVD.
FT MYERS FL 33919

Mailing Address
ATTN: PATTI HARDIN, CPA
1470 ROYAL PALM SQ. BLVD.
FT MYERS FL 33919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2129778

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

HARDIN, PATTI R
1470 ROYAL PALM SQ. BLVD.
FT MYERS FL 33919

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CD FAIRBAIRN, KENNETH S
128 LADY BYRON LANE
SOLIHUL, UNITED KINGDOM ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STVD FAIRBAIRN, RITA M
128 LADY BYRON LANE
SOLIHUL, UNITED KINGDOM ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Feb-01-02 02:32P HUGHES SNELL & CO., P.A. 9419390554

P.02

2002 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

DOCUMENT # F26429

1. Entity Name

BYRON LEISURE CORP.

Principal Place of Business

ATTN: PATTI HARDIN, CPA
1470 ROYAL PALM SO. BLVD.
FT MYERS FL 33919

Mailing Address

ATTN: PATTI HARDIN, CPA
1470 ROYAL PALM SO. BLVD.
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-2129778

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

HARDIN, PATTI R

1470 ROYAL PALM SO. BLVD.
FT MYERS FL 33919

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, specify printed name of registered agent and state if applicable

NOTE: Registered Agent signature required when transferring

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 \$100.00**
After May 3, 2002 Fee will be \$800.00
State Check Payable to Department of State10. 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)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FAIRBAIRN, KENNETH S 128 LADY BYRON LANE SOUTHAM, UNITED KINGDOM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAIRBAIRN, PITA M 128 LADY BYRON LANE SOUTHAM, UNITED KINGDOM ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(c), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/2002