FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90347 041 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT#** F26429

1. Entity Name

BYRON LEISURE CORP.



Principal Place of Business Mailing Address ATTN: PATTI HARDIN, CPA ATTN: PATTI HARDIN, CPA 1470 ROYAL PALM SQ. BLVD. 1470 ROYAL PALM SQ. BLVD. FT MYERS FL 33919 FT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2129778 Zip Not Applicable Zip Country \$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 Name HARDIN, PATTI R 1470 ROYAL PALM SQ. BLVD. Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33919 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CD ☐ Delete TITLE FAIRBAIRN, KENNETH S NAME Addition NAME STREET ADDRESS 128 LADY BYRON LANE STREET ADDRESS CITY-ST-7IP SOLIHUL, UNITED KINGDOM CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ⁻☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP TITLE Delete Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

(10/02)**CR2E034** 

KEN FAIRBAIR SHAW

Jan-08-03 02:00P HUGHES SNELL & CO., P.A. 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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	6. Name and Address of Curr	1	Country		5. Certificate of Status Desired	\$8.75 Additional
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the oblig	ve hamed entity submits this statement stions of registered agent	for the purpose of changing i	ds redizistad offici	e o: :ecretered	ACRON ACRON IN THE CO.	FL Zip Code
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