

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18589

1. Entity Name

BYRD PAINTING, INC.

Principal Place of Business

% VERNON C. BYRD
7105 W ONTARIO AVE
LIVE OAK FL 32060
US

Mailing Address

% VERNON C. BYRD
7105 W ONTARIO AVE
LIVE OAK FL 32060
US

2. Principal Place of Business

10 Vernon C. Byrd
Suite, Apt. #, etc.
710 S.W. ONTARIO AVE
City & State
Live Oak FL
Zip
32060
Country
USA

3. Mailing Address

10 Vernon C Byrd
Suite, Apt. #, etc.
710 SW. ONTARIO AVE.
City & State
Live Oak FL
Zip
32060
Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2244876

Applied For

Not Applicable

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

BYRD, VERNON C
710 SW ONTARIO RD
LIVE OAK FL 32060

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

Vernon C. Byrd
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BYRD, BRADLEY C	
STREET ADDRESS	1214 MARTHA ST	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BYRD, VERNON C	
STREET ADDRESS	710 S.W. ONTARIO AVENUE	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	BYRD, Bradley C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	214 Martha St.	
STREET ADDRESS	Live Oak FL 32060	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Vernon C. Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)