

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90142 017 ***550.00

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

00063934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 SW ONTARIO RD
 Suite, Apt. #, etc.

3. Mailing Address

12103 CR 252
 Suite, Apt. #, etc.

City & State

LIVE Oak FL

City & State

McAlpin FL

4. FEI Number

59-2244876

Applied For

Not Applicable

Zip

32060

Country

Sumner

Zip

32062

Country

Sumner

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS BYRD, BRADLEY C
 CITY-ST-ZIP 1214 MARTHA ST
 LIVE OAK FL 32060

TITLE ☐ Delete
 NAME PSTD
 STREET ADDRESS BYRD, VERNON C
 CITY-ST-ZIP 710 S.W. ONTARIO AVENUE
 LIVE OAK FL 32060

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 #

9-12-01 362-1932

CR2E034 (5/01)