


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 043 ***150.00

0005228 AV

DOCUMENT # G18589	
1. Entity Name BYRD PAINTING, INC.	

Principal Place of Business 710 SW ONTARIO AV LIVE OAK FL 32060 US	Mailing Address 710 SW ONTARIO AV LIVE OAK FL 32060 US
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2. Principal Place of Business <i>710 SW ONTARIO AV</i>	3. Mailing Address <i>710 SW ONTARIO AV</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State <i>Live Oak, FL</i>	City & State <i>Live Oak, FL</i>	4. FEI Number 59-2244876	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32064</i>	Zip <i>32064</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country <i>Switzerland</i>	Country <i>Switzerland</i>		

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 <i>FL</i> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BYRD, VERNON C 710 S.W. ONTARIO AVENUE LIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 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 *4-22-03* 386362-1972 Date Daytime Phone #

CR2E034 (10/02)