

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90073 040 ***150.00

DOCUMENT # G61711

1. Entity Name
BYFIELD ENTERPRISES, INC.



Principal Place of Business **Mailing Address**
~~13113 CR 681~~ 4700 94th St. No. ~~13113 CR 681~~ 4700 94th St. No.
~~WEBSTER FL 33597~~ St. Petersburg FL ~~WEBSTER FL 33597~~ St. Petersburg,
US 33708 US FL 33708



2. Principal Place of Business **3. Mailing Address**
4700 94th St. No. 4700 94th St. No.
Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES.

City & State **City & State**
St. Petersburg FL St. Petersburg FL
Zip **County** **Zip** **County**
33708 Pinellas 33708 Pinellas

4. FEI Number 59-2332534 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BYFIELD, JERRY E.
13113 CR 681
WEBSTER FL 33597

7. Name and Address of New Registered Agent
Name Jerry E. Byfield
Street Address (P.O. Box Number is Not Acceptable) 4700 94th St. No.
City St. Petersburg **FL** **Zip Code** 33708

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PS NAME BYFIELD, JERRY E. STREET ADDRESS 13113 CR 681 CITY-ST-ZIP WEBSTER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD NAME Jerry E. Byfield STREET ADDRESS 4700 94th St. No. CITY-ST-ZIP St. Petersburg, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-3 727-398-3886
Date **Daytime Phone #**

CR2E034 (10/02)