

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 049 ***558.75

0024367

DOCUMENT # K19988

1. Entity Name

BYRON & JAMES, INC.

Principal Place of Business

**C/O ROLAND RAY
 1335 MARLEE ROAD
 JACKSONVILLE FL 32259**

Mailing Address

**C/O ROLAND RAY
 1335 MARLEE ROAD
 JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2886844**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RAY, SR., ROLAND B
 1335 MARLEE ROAD
 JACKSONVILLE FL 32259**

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

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, 2001 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

TITLE **PD** ☐ Delete
 NAME **RAY, SR., ROLAND B**
 STREET ADDRESS **1335 MARLEE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ Delete
 NAME **MICAH, RAY**
 STREET ADDRESS **1335 MARLEE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ Delete
 NAME **ROLAND, RAY SR**
 STREET ADDRESS **11431 RUSTIL PINES CIR E**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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 **RAY MICAH**
 STREET ADDRESS **3693 PARK ST**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32205**

TITLE ☒ Change ☐ Addition
 NAME **RAY ROLAND JR**
 STREET ADDRESS **3693 PARK ST**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32205**

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

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

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:

ROLAND B. RAY SR
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/01

Date

904-287-5872

Daytime Phone #

CR2E034 (10/00)