2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90211 010 ***150.00

DOCUMENT # K61728

1. Entity Name
BYRD INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1509 SOUTH STREET STE-1 LEESBURG FL 34748 US	P O BOX 1335 LEESBURG FL 34749 US

☒ CHECK HERE IF MAKING CHANGES

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 59-2926235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BYRD, RALPH E. SR
6232 PARK AVENUE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name: Dolly A. Butler
Street Address (P.O. Box Number is Not Acceptable): 1509-1 South Street
City: Leesburg FL Zip Code: 34748

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: Dolly A. Butler DATE: 2-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BYRD, RALPH E., SR 6232 PARK AVENUE LEESBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Secretary Butler, Dolly A. 1323 Ward Drive Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HALL, RUTH A 9125 SILVERLAKE DR LEESBURG FL 34788	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Aresident Butler, Michael A. 1323 Ward Drive Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BYRD, JEANNE C 6232 PARK AVE LEESBURG FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Wormwood, Georgia A. 510 Alexander Street Leesburg, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BUTLER, DOLLY A 10661 GOOSEPARIRIE ROAD LEESBURG FL 34788	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Ward, Christy K. 1313 Ward Drive Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Dolly A. Butler OFFICER Dolly A. Butler 2-28-03 352-326-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)