

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90127 027 ***150.00

C0061474



DO NOT WRITE IN THIS SPACE

DOCUMENT # M88140

1. Entity Name
T.W. BYRD'S SONS, INC.

Principal Place of Business: **4 BOX 30 FL 32008**
 Mailing Address: **RT 4 BOX 30 BRANFORD FL 32008-9703 US**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State
 3. Mailing Address: Suite, Apt. #, etc. / City & State

4. FEI Number: **59-2896447**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
BYRD, JEFF PAUL
RT. 1, BOX 20
BRANFORD FL 32008

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: _____ (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, 2000 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	<input type="checkbox"/> Delete
NAME	BYRD, TWEAD JACK	
STREET ADDRESS	RT. 1, BOX 29	
CITY-ST-ZIP	BRANFORD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BYRD, JEFF PAUL	
STREET ADDRESS	RT. 1, BOX 183	
CITY-ST-ZIP	BRANFORD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BYRD, EARL	
STREET ADDRESS	RT. 1, BOX 181	
CITY-ST-ZIP	BRANFORD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BYRD, J.W.	
STREET ADDRESS	RT. 2, BOX 138	
CITY-ST-ZIP	MAYO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: T. Twead Jack Byrd Date: 4-10-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)