

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000002524
 1. Entity Name Byrd Automation Services, Inc.

Principal Place of Business 2427 Porter Lake Dr. Suite 107 Sarasota, FL 34240
 Mailing Address Same

2. Principal Place of Business 2427 Porter Lake Dr. Suite 107 Sarasota, FL 34240
 Suite, Apt. #, etc. Suite 107
 City & State Sarasota, FL
 Zip 34240 Country USA

6. Name and Address of Current Registered Agent
Clifford M. King
2033 Main St.
Suite 303
Sarasota, FL 34237

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 17 AM 11:27

4. FEI Number 65-0972118
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Clifford M. King DATE 11-21-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | <u>President</u> <u>David A. Byrd</u> <u>403 Linwood St.</u> <u>Sarasota, FL 34232</u> | <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 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice President</u> <u>Keith R. Watson</u> <u>4401 Denice Lane</u> <u>Sarasota, FL 34232</u> | <input type="checkbox"/> Change <input checked="" 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: David A. Byrd DATE 12/12/2001 DAYTIME PHONE # 941-341-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (11/00)



November 21, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Byrd Automation Services, Inc. has not received a 2001 Uniform Business Report form from the Division of Corporations. Upon receiving a "Notice of Administrative Dissolution or Revocation", we have obtained the proper form from the web address as instructed by your automated phone service at (850) 245-6059. The completed form, along with a check for payment, was originally sent October 18, 2001. All paperwork was returned to us November 13, 2001 with a letter stating that the person signing the form was not the registered agent of the corporation. We are now resubmitting the form with the correct signature. Please waive any reinstatement fees associated with this filing and inform us if anything else is required. We can be contacted at the following address:

2427 Porter Lake Dr.
Suite 107
Sarasota, FL 34240

Phone: 941-341-9494
Fax: 941-379-5993

Sincerely,

A handwritten signature in black ink, appearing to read "David A. Byrd", is written over a horizontal line.

David A. Byrd
President
Byrd Automation Services, Inc.