

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 002 ***150.00

DOCUMENT # P00000002524

1. Entity Name

BYRD AUTOMATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2427 PORTER LAKE DR

3. Mailing Address
2427 PORTER LAKE DR

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.
SUITE 107

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number 65-0972118

Applied For
Not Applicable

Zip Country
34240 USA

Zip Country
34240 USA

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KING, CLIFFORD M

Street Address (P.O. Box Number is Not Acceptable)

2033 MAIN STREET SUITE 303

City SARASOTA

FL

Zip Code
34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BYRD, DAVID A	4103 LINWOOD ST	SARASOTA FL 34232				
V	WATSON, KEITH R	4401 DENICE LANE	SARASOTA FL 34232				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. BYRD

1/31/03

Date

941-341-9494

Daytime Phone #

CR2E034B (12/02)