

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90013 021 ***150.00

DOCUMENT # P00000046714

1. Entity Name
ROY BYE, P.A.

Principal Place of Business
8198 BLUESTAR CIRCLE
ORLANDO FL 32819

Mailing Address
8198 BLUESTAR CIRCLE
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Orange Lake Country Club

2118 Stillington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8505 W. Ido Branson Mem Hwy

Kissimmee, FL

Orlando, FL

Zip *34747*

Country *U.S.A.*

Zip *32835*

Country *U.S.A.*

4. FEI Number **59-3645583**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYE, ROY
8198 BLUESTAR CIRCLE
ORLANDO FL 32819

Name

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

2118 Stillington St.

City

Orlando, FL.

FL

Zip Code

32835

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]*

(NOTE: Registered Agent signature required when reinstating)

1-4-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BYE, ROY**
STREET ADDRESS **8198 BLUESTAR CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32819**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS *2118 Stillington St.*
CITY-ST-ZIP *Orlando, FL 32835*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE
NAME *Secretary/Treasurer*
STREET ADDRESS *Doris Lugo-Schelmety*
CITY-ST-ZIP *2118 Stillington St.*
Orlando, FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

407-296-3465

Daytime Phone #

CR2E034 (9/01)