

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112150

1. Entity Name
BYRD HOLDINGS, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90033 013 ***150.00

Principal Place of Business

Mailing Address

2650 MCCORMICK DRIVE STE 100
CLEARWATER FL 33759

2650 MCCORMICK DRIVE STE 100
CLEARWATER FL 33759

2. Principal Place of Business

1208 S. Myrtle Ave

Suite, Apt. #, etc.

3. Mailing Address

1208 S. Myrtle Ave

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater FL

4. FEL Number

59-3687266

Applied For

Not Applicable

Zip
33756

Country
USA

Zip
33756

Country
USA

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

FLEDMAN, DONNA J ESQ
ZIMMET UNICE SALZMAN & FELDMAN PA
2650 MCCORMICK DRIVE STE 100
CLEARWATER FL 33759

Name

Robert W. Byrd

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

1208 S. Myrtle Avenue

City

Clearwater

FL

Zip Code

33756

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BYRD, ROBERT W
CITY-ST-ZIP 1208 S MYRTLE AVE
CLEARWATER FL 33756

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BYRD, BRANT
CITY-ST-ZIP 1208 S MYRTLE AVE
CLEARWATER FL 33756

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BYRD, BROOKS
CITY-ST-ZIP 1208 S MYRTLE AVE
CLEARWATER FL 33756

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01 727
461-0854

CR2E034 (10/00)