

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 037 ***150.00

DOCUMENT # PD10000010743
1. Entity Name BYRD & ASSOCIATES INVESTIGATIONS, INC ✓

DO NOT WRITE IN THIS SPACE

80050214

2. Principal Place of Business 1127 So. PATRICK DR.
3. Mailing Address SAME

Suite, Apt. #, etc.
#17

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SATELLITE BEACH, FL

City & State

4. FEI Number
59-3705216

Applied For
☐ **Not Applicable**

Zip
32937

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name EILEEN BYRD

Street Address (P.O. Box Number is Not Acceptable)
1127 So. PATRICK DR. #17

City SATELLITE BEACH **FL** **Zip Code** 32937

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

(NOTE: Registered Agent signature required when reinstating)

3/11/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME EILEEN BYRD
STREET ADDRESS 1127 So. PATRICK DR. #17
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EUGENE BYRD
STREET ADDRESS 1127 So. PATRICK DR. #17
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

SIGNATURE: Eileen Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN BYRD

3/11/02
Date

321-779-0232
Daytime Phone #

CR2E034B (12/01)