


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90136 019 ***150.00

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DOCUMENT # P02000069607	
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1. Entity Name
SALLY L. BYRNS, P.A.

Principal Place of Business 718 52ND AVENUE W SUITE #8 BRADENTON FL 34207	Mailing Address 718 52ND AVENUE W SUITE #8 BRADENTON FL 34207
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2. Principal Place of Business 610 49th Avenue W Suite, Apt. #, etc.	3. Mailing Address 610 49th Avenue W Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State BRADENTON, FL	City & State BRADENTON, FL	4. FEI Number 14 1838676	Applied For <input type="checkbox"/> Not Applicable
Zip 34207	Country USA	Zip 34207	Country USA

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

6. Name and Address of Current Registered Agent BYRNS, SALLY L 718 52ND AVENUE W SUITE #8 BRADENTON FL 34207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Sally L. Byrns P.A.* **SALLY L. BYRNS P.A.** **5-1-03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNS, SALLY L 718 52ND AVENUE W BRADENTON FL 34207 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Sally L. Byrns P.A.* **SALLY L. BYRNS P.A.** **5-1-03** **(941) 727-2891**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)