

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000120431

**Entity Name:** BYRD SEPTIC SERVICES, INC.

**FILED**  
**Oct 22, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

302 19TH STREET  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1637  
DAVENPORT, FL 33836

**New Mailing Address:**

**FEI Number:** 20-5587913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BYRD, MICHAEL J  
302 19TH STREET  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

BYRD, MICHAEL J  
168 CATFISH STREET  
HAINES CITY, FL 33844 US

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: MICHAEL J. BYRD

10/22/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BYRD, MICHAEL J  
Address: 168 CATFISH STREET  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. BYRD

PD

10/22/2013

Electronic Signature of Signing Officer or Director

Date