

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 012 ***150.00

DOCUMENT # P94000011437
 1. Entity Name
BYRD E OF PANAMA CITY, INC.

Principal Place of Business Mailing Address
2515 COUNTRY CLUB DR. **2515 COUNTRY CLUB DR.**
LYNN HAVEN FL 32444 **LYNN HAVEN FL 32444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
100 Cherry St. **100 Cherry St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#201 **#201**

City & State City & State
Panama City, FL **Panama City, FL**

4. FEI Number Applied For
59-3226769 Not Applicable

Zip Country Zip Country
32401-3281 **Bay** **32401-3281** **Bay**

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

6. Name and Address of Current Registered Agent
BYRD, O. CARVER
2515 COUNTRY CLUB DR.
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
100 Cherry St. #201
 City State Zip Code
Panama City, FL 32401

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, O. CARVER	
STREET ADDRESS	2515 COUNTRY CLUB DR.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, O. CARVER	
STREET ADDRESS	100 Cherry St. #201	
CITY-ST-ZIP	Panama City, FL 32401-3281	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: _____ **3/4/02 (850) 873-3665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)