

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90133 025 ***150.00

DOCUMENT # P94000061854

1. Entity Name
BYE & BYE ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~1208 E VINE ST~~ **1214 E. VINE ST** ~~1208 E VINE ST~~ **1214 E. VINE ST**
~~KISSIMMEE FL 34744~~ **KISSIMMEE, FL 34744** ~~KISSIMMEE FL 34744~~ **KISSIMMEE, FL 34744**
~~US~~ **US** ~~US~~ **US**

2. Principal Place of Business 3. Mailing Address
1214 E. VINE ST **1214 E. VINE ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KISSIMMEE, FL **KISSIMMEE, FL**
 Zip Country Zip Country
34744 **FL** **34744** **US**

4. FEI Number **59-3263660** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BYE, DEBORAH E
1208 E VINE ST 1214 E. VINE STREET
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Deborah E. Bye President Deborah E. Bye 4-8-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BYE, DEBORAH E	
STREET ADDRESS	1805 VERONA ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	T	<input type="checkbox"/> Delete
NAME	BYE, RICHARD	
STREET ADDRESS	1805 VERONA ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	V	<input type="checkbox"/> Delete
NAME	STARK, PAULA A	
STREET ADDRESS	109 ORANGE AVE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARK, TIMOTHY B	
STREET ADDRESS	109 ORANGE AVE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deborah E. Bye DEBORAH E. BYE PRESIDENT 4-8-02 407-847-2727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)