

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000009848****1. Entity Name**
BYRAM SERVICES INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90232 042 ***150.00

Principal Place of Business
12516 TWIN BRANCH ACRES RD
TAMPA FL 33626
US**Mailing Address**
12516 TWIN BRANCH ACRES RD
TAMPA FL 33626
US**C0050909**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3361915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SHANK, EUGENE C JR
12516 TWIN BRANCH ACRES RD
TAMPA FL 33626

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**

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, 2001 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** D ☐ Delete
NAME SHANK, GENE JR.
STREET ADDRESS 1929 BYRAM DR.
CITY-ST-ZIP CLEARWATER FL 34618**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VP ☐ Delete
NAME BONNER, CHARLES GLEN
STREET ADDRESS 32535 LEONARD RD
CITY-ST-ZIP DADE CITY FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** T ☐ Delete
NAME CUNNINGHAM, JASON D
STREET ADDRESS 12622 MEMORIAL HIGHWAY
CITY-ST-ZIP TAMPA FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** S ☐ Delete
NAME FOLTZ, JASON
STREET ADDRESS 4014 WEST COSS ST.
CITY-ST-ZIP TAMPA FL 33609**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:** EUGENE C SHANK JR. Eugene C Shank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01 (813) 855-3257

CR2E034 (10/00)