FILED

2002 UNIFORM BUSINESS REPORT (UBR)

IGNATURE:

Feb 20, 2002 8:00 am P97000099774 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90120 030 ***150.00 GILBERT & BYRD, INC. Mailing Address Principal Place of Business 1700 INDIAN ROCKS ROAD SOUTH 1700 INDIAN ROCKS ROAD SOUTH LARGO FL 33774 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3482687 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILBERT, MARC Street Address (P.O. Box Number is Not Acceptable) 17000 INDIAN ROCKS ROAD LARGO FL 33774 City Zip Code 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. GNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition ☐ Delete AME GILBERT, MARC NAME 1700 INDIAN ROCKS ROAD SOUTH REET ADDRESS STREET ADDRESS TY-ST-7IP **LARGO FL 33774** CITY-ST-ZIP ŢLE ☐ Delete ☐ Change Addition TITLE ME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE ME NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME REET ADDRESS STREET ADDRESS [Y-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME REET ADORESS STREET ADDRESS Y-ST-7IP CITY-ST-ZIP ίE ☐ Defete TITLE Change ■ Addition ME NAME REET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR