

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033963

1. Entity Name

CHIRBYRNE, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90017 023 \*\*\*150.00

Principal Place of Business

Mailing Address

515 YESTEROAKS CIRCLE  
GULF BREEZE FL 32561

515 YESTEROAKS CIRCLE  
GULF BREEZE FL 32561-4828

2. Principal Place of Business

3. Mailing Address

8540 NAVARRA PKWY  
Suite, Apt. #, etc.  
Box 405

8540 NAVARRA PKWY  
Suite, Apt. #, etc.  
Box 405

City & State  
NAVARRA, FL

City & State  
NAVARRA, FL

Zip  
32566

Country  
SANTA ROSA

Zip  
32566

Country  
SANTA ROSA

4. FEI Number

59-3578550

Applied For

Not Applicable

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

BYRNES, ROBERT E  
515 YESTEROAKS CIRCLE  
GULF BREEZE FL 32561

Name  
CHRIS BYRNES

Street Address (P.O. Box Number is Not Acceptable)

3530 GINGER LANE

NAVARRA, FL

City

FL

Zip Code

32566

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

*Robert E Byrnes President*

*2/29/00*

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, 2000 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	<input type="checkbox"/> Delete
NAME	BYRNES, ROBERT E	
STREET ADDRESS	515 YESTEROAKS CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRNES, MARGARET V	
STREET ADDRESS	515 YESTEROAKS CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRNES, CHRISTOPHER M.	
STREET ADDRESS	515 YESTEROAKS CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
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"/> 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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert E Byrnes*

Date

Daytime Phone #

*2/29/00* *850-934-8689*

CR2E034 (9/99)