

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90210 031 \*\*\*150.00

DOCUMENT # P99000044198  
 1. Entity Name  
BYRD & METZGER, P.A.

Principal Place of Business      Mailing Address  
3825 HENDERSON BLVD      3825 HENDERSON BLVD.  
SUITE 302      SUITE 302  
TAMPA, FL 33629      TAMPA, FL 33629

**947891**

2. Principal Place of Business      3. Mailing Address  
3825 HENDERSON BLVD      3825 HENDERSON BLVD.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
SUITE 302      SUITE 302  
 City & State      City & State  
TAMPA FLORIDA      TAMPA, FLORIDA  
 Zip      Country      Zip      Country  
33629      HILLSBOROUGH      33629      HILLSBOROUGH

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
59-3576609      ☐ 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  
CSC NETWORKS      Name WILLIAM W. BYRD  
1201 HAYS ST      Street Address (P.O. Box Number is Not Acceptable) 3825 HENDERSON BLVD.  
TALLAHASSEE, FL 32301      SUITE 302  
 City TAMPA      FL      Zip Code 33629

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 William W. Byrd      PRESIDENT      4/18/00  
 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. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State  
 10. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.      ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: William W. Byrd      WILLIAM W. BYRD, PRES      4/18/00      813-281-8801  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)