

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000110985**

1. Entity Name

BYRD & GANTT CPA'S, P.A.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90344 016 ***150.00

Principal Place of Business

**3501 W. VINE ST., SUITE 275
KISSIMMEE FL 34741**

Mailing Address

**3501 W. VINE ST., SUITE 275
KISSIMMEE FL 34741**

2. Principal Place of Business

3355 W. Vine St.

3. Mailing Address

3355 W. Vine St

Suite, Apt. #, etc.

Ste 102

Suite, Apt. #, etc.

Ste 102

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

Country

34741

Zip

Country

347414. FEI Number **59-3619379**

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

BYRD, REGINA**3501 W. VINE ST., SUITE 275
KISSIMMEE FL 34741**

Name

Regina Byrd

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

3355 W. Vine St., Ste 102

City

Kissimmee**FL**

Zip Code

34741

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

Regina Byrd
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/019. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	GANTT, ANGELA H	9000 FLORIBUNDA DR.	ORLANDO FL 32818	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VT	BYRD, REGINA	3402 HAWKIN DR.	KISSIMMEE FL 34746	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Angela H Gantt

Date

4/23/01

Daytime Phone #

407-931-2344

CR2E034 (10/00)