

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90082 029 \*\*\*150.00

0514441 AV

**DOCUMENT # S31421**

1. Entity Name  
**BYERS DISTRIBUTION INCORPORATED**



Principal Place of Business  
**5211 CALUSA COURT  
CAPE CORAL FL 33904**

Mailing Address  
**5211 CALUSA COURT  
CAPE CORAL FL 33904**



2. Principal Place of Business  
**3457 Ceitus Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**3457 Ceitus Pkwy**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Cape Coral, FL 33991**  
Zip  
**33991** Country  
**USA**

City & State  
**Cape Coral, FL**  
Zip  
**33991** Country  
**USA**

4. FEI Number **65-0255767** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BYERS, KELLY J.**  
**5211 CALUSA CT**  
**CAPE CORAL FL 33904**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3457 Ceitus Pkwy.**  
City **Cape Coral** **FL** Zip Code **33991**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Margie Watson Byers* (Treasurer) 2/28/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **BYERS, KELLY**  
STREET ADDRESS **5211 CALUSA CT** **3457 Ceitus Pkwy**  
CITY-ST-ZIP **CAPE CORAL FL** **same as above**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **BYERS, MARGIE WATSON**  
STREET ADDRESS **5211 CALUSA CT** **new address**  
CITY-ST-ZIP **CAPE CORAL FL** **same as above**

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margie Watson Byers* 2/28/03 239-839-3512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)