


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # V21158**


1. Entity Name  
**EDWARD T. BYRD & COMPANY**



FILED

03 APR 21 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address

**200 SOUTH ORANGE AVE**      **PO BOX 2391**  
**SUITE 2120**      **ORLANDO FL 32802-2391**  
**ORLANDO FL 32801**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3110305**      Not Applicable

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

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLA INC.**  
**390 NORTH ORANGE AVE**  
**SUITE 1100**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name  
**NRAI SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Avenue**

City      State      Zip Code  
**Tallahassee      FL      32301**

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 Alison Hand      ASST Secy      4/21/03

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      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BYRD, EDWARD T. <input type="checkbox"/> Delete 200 S ORANGE AVE STE 2120 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300018460693 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/07/03--01089--012      **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BYERS, THOMAS A. <input type="checkbox"/> Delete 200 S ORANGE AVE STE 2120 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EASTON, JUDITH H <input type="checkbox"/> Delete 200 S ORANGE AVE STE 2120 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITEFIELD, THOMAS W <input checked="" type="checkbox"/> Delete 200 S. ORANGE AVE., STE 2120 ORLANDO FL 32801	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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chamberlin, Janis A. 200 S. Orange Ave., Suite 2120 Orlando, FL
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

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:** TR 1446      **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)