

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90229 012 \*\*\*150.00

DOCUMENT # **V30592**

1. Entity Name  
**JERRY BYRD CONSTRUCTION, INC.**



Principal Place of Business  
**19323 HWY 331 SOUTH  
FREEPORT FL 32439**

Mailing Address  
**19323 HWY 331 SOUTH  
FREEPORT FL 32439**



2. Principal Place of Business  
**19323 Hwy 331 South**

3. Mailing Address  
**19323 Hwy 331 South**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Freeport, Florida**

City & State  
**Freeport, Florida**

Zip  
**32439**

Country  
**USA**

Zip  
**32439**

Country  
**USA**

4. FEI Number **59-3122632**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BYRD, JERRY L  
19323 HWY 331 SOUTH  
FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name

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

City

**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **P**  Delete

NAME **BYRD, JERRY L**

STREET ADDRESS **19323 HWY 331 SOUTH**

CITY-ST-ZIP **FREEPORT FL 32439**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **TD**  Delete

NAME **HARRELL, NED L**

STREET ADDRESS **201 WEST VIEW DRIVE**

CITY-ST-ZIP **ENTERPRISE AL**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **S**  Delete

NAME **REYNOLDS, MICHELLE A**

STREET ADDRESS **70 RODNEY DR**

CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **Secretary**  Change  Addition

NAME **Patricia M. Pearce**

STREET ADDRESS **102 Monarch Circle**

CITY-ST-ZIP **Niceville, Florida 32578**

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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

NAME

STREET ADDRESS

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/06/03** **(850) 835-5400**  
Date Daytime Phone #

CR2E034 (10/02)