

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604718

1. Entity Name
BOYD & JENERETTE, P.A.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90002 050 ***150.00

Principal Place of Business
231 E ADAMS STREET
JACKSONVILLE FL 32202-0372

Mailing Address
231 E ADAMS STREET
JACKSONVILLE FL 32202-0372

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 **59-1484000**

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

WILLIAMS, E. R
231 E. ADAMS ST.
JACKSONVILLE FL 32202

Name

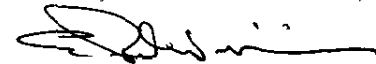
Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

E. Robert Williams
(NOTE: Registered Agent signature required when reappointing)

2-7-01
DATE

9. 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

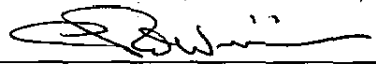
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIRTZ, GREGG L. 231 EAST ADAMS ST JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTON, JR CARLE A 231 EAST ADAMS ST JACKSONVILLE, FL 0 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, E. R 231 EAST ADAMS STREET JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD SAMUELS, BENFORD L JR. 231 E. ADAMS ST. JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kristen M VanderLinde 231 E Adams Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Glen A. McClary 231 E Adams Street Jacksonville, Fl 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mark K Eckels 231 E adams Street Jax, FL 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joseph L Vaughn, Jr 231 E Adams Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert E. Schrader, III 231 E Adams Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

2-7-01
Date

904 3536241
Daytime Phone #

0011467

CR2E034 (10/00)