

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07174

1. Entity Name  
KIRBY B. BUTLER, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90020 020 \*\*\*150.00

Principal Place of Business

2753 STATE RD. 580  
SUITE 103  
CLEARWATER FL 33761  
US

Mailing Address

3021 EGRET TER.  
SAFETY HARBOR FL 34695-5340  
US

J U L I O



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3021 Egret Terrace  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Zip

Country

34695-5340 Pinellas

Country

4. FEI Number 59-2963768

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, KIRBY B. JR CPC  
3021 EGRET TER  
SAFETY HARBOR FL 34695

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE DP  
NAME BUTLER, KIRBY B. JR CPC  
STREET ADDRESS 3021 EGRET TER  
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE D  
NAME BUTLER, MARTHA H.  
STREET ADDRESS 3021 EGRET TER  
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Kirby B. Butler, Jr

4/24/2001 922-725-1065

Date

Daytime Phone #

0557581

CR2E034 (10/00)