

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90257 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L07174**

1. Entity Name  
**KIRBY B. BUTLER, INC.**

Principal Place of Business  
**3021 EGRET TERRACE**  
**SAFETY HARBOR FL 34695-5340**  
**US**

Mailing Address  
**3021 EGRET TER.**  
**SAFETY HARBOR FL 34695-5340**  
**US**

2. Principal Place of Business

**2451 N. McMullen Booth Rd**

Suite, Apt. #, etc.

**Suite 200**

City & State  
**Clearwater FL**

Zip  
**33759**

Country  
**Pinellas**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

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**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 2002-Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete

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

TITLE **D** ☐ Delete

NAME **BUTLER, MARTHA H.**  
 STREET ADDRESS **3021 EGRET TER**  
 CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Kirby B. Butler Jr. CPC**

**4/19/2002 727-725-1065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)