

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90106 045 ***150.00

DOCUMENT # <u>P01000023323</u> 1. Entity Name <u>Boyd Business Consultants, Inc.</u>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>53 South Rascoe Blvd.</u> Suite, Apt. #, etc.	3. Mailing Address <u>53 South Rascoe Blvd.</u> Suite, Apt. #, etc.
City & State <u>Ponte Vedra Beach, FL</u>	City & State <u>Ponte Vedra Beach, FL</u>
Zip <u>32082</u> Country <u>USA</u>	Zip <u>32082</u> Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3714661</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name <u>BRADLEY K. BOYD, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2351 W. EAU GALLIE BLVD., Ste. 1</u> City <u>Melbourne</u> FL Zip Code <u>32935</u>	

**DO NOT WRITE
IN THIS SPACE**

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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P, T, S</u> <u>PAUL B. BOYD</u> <u>53 South Rascoe Blvd</u> <u>Ponte Vedra Beach FL 32082</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul B. Boyd 2-21-02 904-280-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/01)