FOR PROFIT CORPORATION ANNUAL REPORT

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13 JAN 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000025034

1. Entity Name
Butler B Boyd, P.A.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 N. Franklin Street	201 N. Franklin Street
Suite, Apt. #, etc. Suite 2880	Suite, Apt. #, etc. Suite 2880
City & State Tampa, FL	City & State Tampa, FL
Zip 33602 Country Hillsborough	Zip 33602 Country Hills.

4. FEI Number 27-2161505 ✓ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Christopher A. Boyd

Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin Street Suite 2880

City: Tampa FL Zip Code: 33602

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 _____ 1-17-14

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when not preprinted) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: c.boyd@butlerboyd.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Christopher A. Boyd
STREET ADDRESS	201 N. Franklin St. #2880
CITY-ST-ZIP	Tampa, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	JAN 28 2013 R. HUNT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/14--01028--017 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, *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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 1-17-14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
p10000025036-aa766192-ef46-4fc2-85e7-54bc7364860c				1/28/2013 9:38:00 AM
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