

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031624

1. Entity Name

WILLIAM J. BOYCE, P.A.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90072 049 ***150.00

Principal Place of Business

Mailing Address

501 - 1ST AVE. NORTH
 502
 ST. PETERSBURG FL 33701
 US

501 - 1ST AVE. NORTH
 502
 ST. PETERSBURG FL 33701-3662
 US

2. Principal Place of Business
 695 Central Ave.

3. Mailing Address
 695 Central Ave.

Suite, Apt. #, etc.
 Suite 200

Suite, Apt. #, etc.
 Suite 200

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

33701 USA

Zip

33701 USA

4. FEI Number

59-3373354

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

BOYCE, WILLIAM J
 501 - 1ST AVE. NORTH
 SUITE 502
 ST. PETERSBURG FL 33701

Name

William J. Boyce

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

695 Central Ave.

Suite 200

City

St. Petersburg

FL

Zip Code

33701

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

William J. Boyce

Signature, typed or printed name of registered agent and title, 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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS BOYCE, WILLIAM J
 CITY-ST-ZIP 501 1ST AVE. NORTH, STE. 502
 ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 695 Central Ave., Ste. 200
 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

William J. Boyce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #