

2001 UNIFORM BUSINESS REPORT (UBR)

0020208

DOCUMENT # P99000103347

1. Entity Name

JOHNNY L. BOYD'S PRIVATE INVESTIGATIONS, INC.

APPROVED
AND
FILED

01 APR 30 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

102 W. THIRD AVENUE
TALLAHASSEE FL 32303

Mailing Address

102 W. THIRD AVENUE
TALLAHASSEE FL 32303

2. Principal Place of Business

4005 Scarlett Dr.

3. Mailing Address

P.O. Box 3292

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee FL 3

4. FEI Number

59-3611816

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32315

Country

USA

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

SMITH, JUNE M

102 W. THIRD AVENUE
TALLAHASSEE FL 32303

Name

June M. Smith

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

4005 Scarlett Drive

City

Tallahassee

FL

Zip Code

32303

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **Johnny L. Boyd**
CITY-ST-ZIP **4005 Scarlett Dr**
Tallahassee FL 32315

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

TITLE ☐ Delete
NAME **Registered Agent/Secretary**
STREET ADDRESS **June M. Smith**
CITY-ST-ZIP **4005 Scarlett Dr.**
Tallahassee, FL 32315

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

June M. Smith June M. Smith

4-30-01

933-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)