

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90029 014 ***150.00

DOCUMENT # L48223

1. Entity Name

DARRYLL BAUCHERT & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

6719 WINKLER RD
 STE. 114
 FORT MYERS FL 33919
 US

6719 WINKLER RD
 SUITE 114
 FORT MYERS FL 33919-7200
 US

2. Principal Place of Business

3. Mailing Address

8660 College Parkway
 Suite, Apt. #, etc.
 Suite 80

8660 College Parkway
 Suite, Apt. #, etc.
 Suite 80

City & State

City & State

Fort Myers FL

Fort Myers FL

Zip

Country

Zip

Country

33919 USA

33919 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUCHERT, DARRYLL R., SR.
 6719 WINKLER RD
 STE 114
 FT MYERS FL 33919

Name

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

City

FL

Zip Code

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)

4/21/2000

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 BAUCHERT, DARRYLL R., SR.
 1455 CARMELLE DR., S.W.
 FT. MYERS FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 BAUCHERT, MARTHA A.
 1455 CARMELLE DR., S.W.
 FT. MYERS FL ☐ Delete

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

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☐ Change ☐ Addition

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 listed officers, directors, and shareholders.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00

Date

(941) 484 3103

Daytime Phone #

CR2E034 (9/99)