2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 150326

1. Entity Name

BOUCHELLE AND COMPANY

FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90135 020 ***150.00

Principal Place of Business 200 S. RIVERSIDE DR.		Mailing Address 200 S. RIVERSIDE DR.								
#402 NEW SMYRNA BEACH FL 32168-7148		#402 NEW SMYRNA BEACH FL 32168-7148					1 A)	FOOT		
US		US					#### #318# 118## 11 318 # 111	i lii ilii ilii		
2. Principal Place of Business 1040 Museum Boulevard		3. Mailing Address								
Suite, Apt. #, etc.		1040 Museum Boulevard Suite, Apt. #, etc.				, , , , , , , , , , , , , , , , , , , ,	DO NOT WRITE IN	I THIS SEAS	_	
		00.00, 7.100.117 0.00.					DO NOT WRITE IN	I THIS SPAC	=	
City & State Daytona Beach, FL		City & State Daytona Beach, FL			4	4. FEI Number 59-6060839				plied For
Zip	Country	Zip		country		5. Certificate of Status Desired		Not Applicable \$8.75 Additional		
32114	United States	32114	Unit	ed Sta	tes			☐ Fee F	Required	
6. N	ame and Address of Current R	legistered Agent		Name	7	. Name and Ad	Idress of New Regis	tered Agent	<u>: </u>	
ALFRED J. I	KATZIN, CPA			Palm	etto	Charter :	Services, I	ne.		
	YWOOD BLVD.	Street Address			dress (P.C agnol	(P.O. Box Number is Not Acceptable) olia Avenue				
HOLLYWOO	D FL 33021						<u></u> .	· - ·		
				City				FLZ	ip Code	-
O The classical to the control of th						na Beach			ip Code 3211	4
8. The above named	entity submits this statement for	the purpose of changing	its registere	d office or i	registered	agent, or both.	in the State of Florida	l.		
SIGNATURE	Le S/KVL			Thomas	S. H	art. Vice	President			
Signature,	typed or printed name of registered agent ar	nd title if applicable. (N	OTE: Registered					DATE		
9. This corporation is	eligible to satisfy its Intangible	FILE NO	W!!! FEE	IS \$150.0	00	10 51	O			_
Tax filing requirem (See criteria on ba	nent and elects to do so.	After MAY 1, 2001 Fee will be \$550.00				1	on Campaign Financ Fund Contribution	ing 🔲		0 May Be I to Fees
		Make Check Pay		epartment						
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	, Gary R.	□ Delete	NAM	1				ا ــا	Change	Addition
STREET ADDRESS 723 N	OLEANDER AVE		STRE	ET ADDRESS						
	ONA BEACH FL 32118-382		C1TY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE STD	OUTLIE TOVI	🖾 Delete	TITLE		VPD				Change	Addition
	CHELLE, JOY L S. RIVERSIDE DR.		NAME STRE			ia Brown	D .			}
200 (SMYRNA BCH FL			CT 71D		iverside				
TITLE VPD	OMITAIN BOTT I	Delete	TITLE		S/T	o beach,	FL 32176		Change	X Addition
	IN, ALFRED J. C	2.	NAM			yn Chand		_	3 -	
	SIMMS STREET			ET ADDRESS	4876	Halifax 1	Orive			İ
	YWOOD FL			l l		Orange,	FL 32127			
TITLE NAME		☐ Delete	TITLE		VPD				Change	X Addition
STREET ADDRESS			NAMI STRE	ET ADDRESS		s S. Har				
CITY-ST-ZIP				CT 7ID		agnolia .				
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NAME			NAM	Ę						
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CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	į					Change	☐ Addition
NAME STREET ADDRESS			NAM	E ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
13. I hereby certify th	at the information supplied with	this filing does not gualify			ed in Sect	ion 119 07/31/i)	Florida Statutee 1 fu	ther cortifu +	nat the F	nformation
l indicated on this	report or supplemental report is n or the receiver of trustee empo	true and accurate and the	at my eigna.	turo chall ha	ave the ea	ma lanal affact :	se if made under eath	s that I am a	n officer	or director

changed, or on an attachment

AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #