

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 037 ***150.00

DOCUMENT # 150326

1. Entity Name

BOUCHELLE AND COMPANY

Principal Place of Business

**1040 MUSEUM BOULEVARD
DAYTONA BEACH FL 32114
US**

Mailing Address

**1040 MUSEUM BOULEVARD
DAYTONA BEACH FL 32114
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6060839**

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

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114**

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)

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LIBBY, GARY R.	
STREET ADDRESS	723 N OLEANDER AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-3826	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, CYNTHIA	
STREET ADDRESS	213 RIVERSIDE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FORD, MARILYN C.	
STREET ADDRESS	4876 HALIFAX DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HART, THOMAS S	
STREET ADDRESS	150 MAGNOLIA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	E/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antoinette M. Slick	
STREET ADDRESS	322 John Anderson Drive	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 2002 386-255-8171

Date

Daytime Phone #

CR2E034 (9/01)