

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90299 031 ***550.00

DOCUMENT # 845572

1. Entity Name
BUD BOSCHERT'S STABLES, INC.

Principal Place of Business

**NO 1 HUNTINGTON FOREST
 ST CHARLES MO 63301**

Mailing Address

**NO 1 HUNTINGTON FOREST
 ST CHARLES MO 63301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3072 DEVILLA TRAIL

Suite, Apt. #, etc.

3. Mailing Address

3072 DEVILLA TRAIL

Suite, Apt. #, etc.

City & State

ST. CHARLES, MO

City & State

ST. CHARLES, MO

4. FEI Number

43-0948906

Applied For

Not Applicable

Zip

63301

Country

USA

Zip

63301

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, MICHAEL W.
 604 CRESTWOOD ROAD
 HOLMES BCH FL 34217**

7. Name and Address of New Registered Agent

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

TITLE **PTDC** ☐ Delete
 NAME **BOSCHERT, VIRGINIA**
 STREET ADDRESS **NO 1 HUNTINGTON FOREST**
 CITY-ST-ZIP **SAINT CHARLES MO 63301**

TITLE **VSDM** ☐ Delete
 NAME **OSTENDORF, JUDITH**
 STREET ADDRESS **NO 1 HUNTINGTON FOREST**
 CITY-ST-ZIP **SAINT CHARLES MO 63301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3072 DEVILLA TRAIL**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1600 HERITAGE LANDING**
 CITY-ST-ZIP **ST. CHARLES, MO 63303**

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

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

TITLE ☐ Change ☐ Addition
 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:

JUDITH OSTENDORF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/02
 Date

(636) 922-1040
 Daytime Phone #

CR2E034 (9/01)