


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90188 045 \*\*\*150.00

<b>DOCUMENT # F02000001170</b>		
1. Entity Name <b>WILLIAM B. BUOL INC.</b>		
Principal Place of Business <b>770 GOODLETTE ROAD NORTH, #401 NAPLES FL 34102</b>		Mailing Address <b>770 GOODLETTE ROAD NORTH, #401 NAPLES FL 34102</b>




2. Principal Place of Business <b>380 Fourth Ave South</b> Suite, Apt. #, etc.		3. Mailing Address <b>380 Fourth Ave South</b> Suite, Apt. #, etc.	
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>	
Zip <b>34102</b>	Country	Zip <b>34102</b>	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>56-1311321</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUOL, WILLIAM B</b> <b>770 GOODLETTE ROAD NORTH, #401</b> <b>NAPLES FL 34102</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **William B. Buol, President** DATE: **Jan 14, 2003**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPT</b> <b>BUOL, WILLIAM B</b> <b>770 GOODLETTE ROAD NORTH, #401</b> <b>NAPLES FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>William B. Buol</b> <b>380 Fourth Ave South</b> <b>Naples FL 34102</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BUOL THOMPSON, MARY</b> <b>48 WESTOVER DRIVE</b> <b>ASHEVILLE NC 28801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BUOL, CHRISTINE ANN</b> <b>2170 GULF SHORE BLVD. NORTH 61-W</b> <b>NAPLES FL 34012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **William B. Buol, President** DATE: **Jan 14, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

239 262-8914

CR2E034 (10/02)