

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90045 050 ***150.00

0032871 AV

DOCUMENT # J18499

1. Entity Name

S. & F. BOUTIN ENTERPRISES, INC.

Principal Place of Business

**11014 HOOD RD S
 JACKSONVILLE FL 32257**

Mailing Address

**11014 HOOD RD S
 JACKSONVILLE FL 32257**

2. Principal Place of Business

**7990 BAYMEADOWS ROAD
 #418**

3. Mailing Address

PO BOX 23115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32256

Country

DUVAL

Zip

32241-3115

Country

DUVAL

4. FEI Number

59-2774008

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOUTIN, SERGE F
 11014 HOOD RD S
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **BOUTIN SERGE F.**
 Street Address (P.O. Box Number is Not Acceptable) **7990 BAYMEADOWS ROAD**
 #418
 City **JAX FL** Zip Code **32256**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BOUTIN, SERGE	
STREET ADDRESS	11014 HOOD RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOUTIN, FRANCINE	
STREET ADDRESS	11014 HOOD RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTIN SERGE	
STREET ADDRESS	PO BOX 23115 JAX FL 32241-3115	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTIN FRANCINE	
STREET ADDRESS	PO BOX 23115 JAX FL 32241-3115	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTIN SERGE	
STREET ADDRESS	7990 BAYMEADOWS ROAD #418 JAX FL 32256	
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTIN FRANCINE	
STREET ADDRESS	7990 BAYMEADOWS ROAD #418 JAX FL 32256	
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:

SERGE BOUTIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)