

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90264 024 \*\*\*150.00

**DOCUMENT # L48223**

1. Entity Name  
**DARRYLL BAUCHERT & ASSOCIATES, INC.**

Principal Place of Business

**8660 COLLEGE PKWY  
 STE 80  
 FORT MYERS FL 33919  
 US**

Mailing Address

**8660 COLLEGE PKWY  
 STE 80  
 FORT MYERS FL 33919  
 US**

2. Principal Place of Business

**8660 College Parkway  
 Suite 80**

3. Mailing Address

**8660 College Parkway  
 Suite 80**

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33919**

Country

**USA**

Zip

**33919**

Country

**USA**

6. Name and Address of Current Registered Agent

**BAUCHERT, MBA, CFP , DARRYLL R SR.  
 8660 COLLEGE PKWY  
 STE 80  
 FORT MYERS FL 33919**

4. FEI Number

**65-0168030**

Applied For:  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-instating)

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, 2001 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BAUCHERT, DARRYLL R., SR</b>	
STREET ADDRESS	<b>1455 CARMELLE DR., S.W.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BAUCHERT, MARTHA A.</b>	
STREET ADDRESS	<b>1455 CARMELLE DR., S.W.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

(941) 489-3003

Date

Daytime Phone #

CR2E034 (10/00)