

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90046 043 ***150.00

0541461

DOCUMENT # L48523

1. Entity Name
BOUCHARD SHOE TINTING SPECIALIST, INC.

Principal Place of Business 11556 TAMIAMI TRAIL EAST NAPLES FL 34113	Mailing Address 11556 TAMIAMI TRAIL EAST NAPLES FL 34113
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOUCHARD, EDGAR
 11556 TAMIAMI TRAIL EAST
 NAPLES FL 34113**

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 _____ (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.

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	P	<input type="checkbox"/> Delete
NAME	BOUCHARD, EDGAR	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOUCHARD, KARYNE	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOUCHARD, ANICK	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUCHARD, SONIA	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOUCHARD, RACHEL	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	
CITY-ST-ZIP	NAPLES FL 34113	
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		
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: Rachel Bouchard **20-02-01-** 941-732-7057
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)