

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90052 003 ***150.00

DOCUMENT # L48523

1. Entity Name
BOUCHARD SHOE TINTING SPECIALIST, INC.

Principal Place of Business Mailing Address
11556 TAMiami TRAIL EAST 11556 TAMiami TRAIL EAST
NAPLES FL 34113 NAPLES FL 34113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0168679** Applied For
 Not Applicable

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BOUCHARD, EDGAR
11556 TAMiami TRAIL EAST
NAPLES FL 34113

Name
 Street Address
 City

*New Address
 Main office.*

*Bouchard Edgar
 2 Cherokee Trail
 Naples Florida
 34113-*

8. The above named entity submits this statement for the purpose of changing its registered office or reg

SIGNATURE _____ (NOTE: Registered Agent signature req
 Signature, typed or printed name of registered agent and title if applicable.

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

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.

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: *Edgar Bouchard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Feb. 21- 02* Daytime Phone #: *941-732-7057*

CR2E034 (9/01)