

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90466 047 \*\*\*158.75

**DOCUMENT # P00000024807**

1. Entity Name  
**ROBERT R. DUCHARME, P.A.**



Principal Place of Business  
**3121 ORANGE GROVE TRAIL  
NAPLES FL 34120**

Mailing Address  
**3121 ORANGE GROVE TRAIL  
NAPLES FL 34120**

2. Principal Place of Business  
**14772 INDIGO LAKES CIR  
Suite, Apt. #, etc.**

3. Mailing Address  
**14772 INDIGO LAKES CIR  
Suite, Apt. #, etc.**

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number **59-3631654**

Applied For  
Not Applicable

Zip Country  
**34119 U.S.A.**

Zip Country  
**34119**

5. Certificate of Status Desired **A** **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LAMB, JEFFREY R  
9915 TAMiami TRAIL N., SUITE 2  
NAPLES FL 34108**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert R. Ducharme* **02-25-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 **\$7.00** May Be  
Trust Fund Contribution. **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUCHARME, ROBERT 3121 ORANGE GROVE TRAIL NAPLES FL 34120</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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: *Robert R. Ducharme*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-25-03** **279-353-6879**  
Date Daytime Phone #

0642180 AV

CR2E034 (10/02)