FILED
May 30, 2002 8:00 am
Secretary of State
05-02-2002 90108 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085695

1. Entity Name
BEUCHER INSURANCE, INC.

DO NOT WRITE IN THIS SPACE

33271

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4885 N HWY 19A Suite, Apt. #, etc.	4885 N HWY 19A Suite, Apt. #, etc.
City & State: MT DORA FL	City & State: MT DORA FL
Zip: 32757 Country: LAKE	Zip: 32757 Country: LAKE

4. FEI Number: 59-3685692 ☒ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Linda G BEUCHER
Street Address (P.O. Box Number is Not Acceptable): 4885 N HWY 19A
City: MT DORA FL Zip Code: 32757

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: Linda G Beucher Linda G BEUCHER 5-22-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
(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	PSTD
NAME	BEUCHER, Linda G.
STREET ADDRESS	4885 N HWY 19A
CITY-ST-ZIP	MT DORA FL 32757
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Beucher Linda Beucher 4-25-02 352-357-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #