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FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90748 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085695

1. Entity Name
BEUCHER INSURANCE, INC.

90123447

Principal Place of Business	Mailing Address
4885 N. HIGHWAY 19-A MOUNT DORA, FL 32757	4885 N. HIGHWAY 19-A MOUNT DORA, FL 32757

2. Principal Place of Business	3. Mailing Address
4280 N HWY 19A	4280 N HWY 19A
Suite, Apt. #, etc. #9	Suite, Apt. #, etc. #9
City & State MT DORA FL	City & State MT DORA FL
Zip 32757 Country LAKE	Zip 32757 Country LAKE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3685692 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEUCHER, LINDA G
~~4885 N. HIGHWAY 19-A~~ 4280 N HWY 19A
MOUNT DORA, FL 32757
New Address

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

SIGNATURE Linda G Beucher LINDA G Beucher 4-28-03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BEUCHER, LINDA G 4885 N. HIGHWAY 19-A MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Linda G Beucher LINDA G Beucher 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352 357 1994

R2853