

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90763 017 \*\*\*150.00

**DOCUMENT # P01000053633**

**1. Entity Name**  
**BOUDRIE ENTERPRISES, INC.**



**Principal Place of Business**

6702 DREWRY'S BLUFF  
BRADENTON FL 34203  
US

**Mailing Address**

6702 DREWRY'S BLUFF  
BRADENTON FL 34203  
US

**2. Principal Place of Business**

2211 Whitfield Park Ave

Suite, Apt. #, etc.

**3. Mailing Address**

2211 Whitfield Park Ave

Suite, Apt. #, etc.

**City & State**

SARASOTA FL

**City & State**

SARASOTA FL

**4. FEI Number**

65-1107754

**Applied For**

Not Applicable

**Zip**

34243

**Country**

MANATEE

**Zip**

34243

**Country**

MANATEE

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

KING, CLIFFORD M  
2033 MAIN STREET  
SUITE 303  
SARASOTA FL 34237

**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**

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**

**TITLE** P ☐ Delete  
**NAME** BOUDRIE, RON  
**STREET ADDRESS** 2211 WHITFIELD PARK AVE  
**CITY-ST-ZIP** SARASOTA FL 34243

**TITLE** VP ☐ Delete  
**NAME** BOUDRIE, JACK  
**STREET ADDRESS** 6702 DREWRY'S BLUFF  
**CITY-ST-ZIP** BRADENTON FL 34203

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

941-758-0450

CR2E034 (10/02)