

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90434 002 ***150.00

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DOCUMENT # P01000110349
1. Entity Name
Boudreau Enterprises, Inc. ✓
541 Keystone Terrace
Deltona, FL 32725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
541 Keystone Terrace
Suite, Apt. #, etc.

3. Mailing Address
541 Keystone Terrace
Suite, Apt. #, etc.

City & State
Deltona, FL
Zip
32725
Country
USA

City & State
Deltona, FL
Zip
32725
Country
USA

4. FEI Number
59-3757176
Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Norman C. Boudreau
Street Address (P.O. Box Number is Not Acceptable)
541 Keystone Terrace
City
Deltona **FL** **Zip Code**
32725

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 _____ 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 President	NAME Norman C. Boudreau	TITLE Treasurer	NAME Shelley L. Boudreau
STREET ADDRESS 541 Keystone Terrace	STREET ADDRESS 541 Keystone Terrace	STREET ADDRESS 541 Keystone Terrace	STREET ADDRESS 541 Keystone Terrace
CITY - ST - ZIP Deltona, FL 32725	CITY - ST - ZIP Deltona, FL 32725	CITY - ST - ZIP Deltona, FL 32725	CITY - ST - ZIP Deltona, FL 32725
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IN THIS SPACE**

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: _____ **4-30-02** **467-402-2141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)