

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

2003 10fz

FILED

03 NOV 14 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

REINSTATEMENT

City & State
Deltona, FL

City & State
Deltona, FL

4. FEI Number
59-3757176

Applied For
Not Applicable

Zip
32725

Country
USA

Zip
32725

Country
USA

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

**DO NOT WRITE
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) **XX**

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 NAME STREET ADDRESS CITY - ST - ZIP	President Norman C. Boudreau 541 Keystone Terrace Deltona, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Shelley L. Boudreau 541 Keystone Terrace Deltona, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	700024704447 11/14/03--01036--002 **150.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-03

2012

BOUDREAU ENTERPRISES, INC.
541 KEYSTONE TERRACE
DELTONA, FL 32725

NOVEMBER 12, 2003

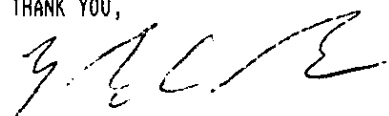
UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS—
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: DOCUMENT # P01000110349 UNIFORM REPORT FOR YEAR 2003

DEAR SIR:

IN REFERENCE TO YOUR NOTIFICATION OF DISSOLUTION OF CORPORA
FOR 2003 DUE TO NOT HAVING PAID UNIFORM REPORT, WE NEVER RECEI
EITHER THE FIRST OR THE SECOND NOTICE. WE DID NOT RECIEVE THES
NOTICES FOR LAST YEAR EITHER BUT PAID BY A BLANK FORM. THIS IS
THE FIRST NOTICE THAT I HAVE RECEIVED. PLEASE ACCEPT THE CHECK
FOR \$150.00 DUE FOR THE FILING.

THANK YOU,


NORMAN C. BOUDREAU,
OWNER