

Amended

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 JUN 30 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112337

1. Entity Name  
**VICHOT SERVICES, INC.**



Principal Place of Business  
853 105TH AVE N  
NAPLES, FL 34108

Mailing Address  
853 105TH AVE N  
NAPLES, FL 34108

2. Principal Place of Business  
5171 Teak Wood Dr  
Suite, Apt. #, etc.

3. Mailing Address  
5171 Teak Wood Dr  
Suite, Apt. #, etc.

City & State  
Naples FL

City & State  
Naples FL

Zip  
34119

Country  
USA

Zip  
34119

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
02-0657263

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

6. Name and Address of Current Registered Agent  
GANGL, SANDRA  
6780 HOUCHIN ST  
NAPLES, FL 34109

7. Name and Address of New Registered Agent  
Name  
Evelyn Vichot  
Street Address (P.O. Box Number is Not Acceptable)  
5171 Teak Wood Dr.  
City  
Naples FL Zip Code  
34119

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 *Evelyn Vichot* DATE 6/11/03

(NOTE: Registered Agent's signature required when reinstating)

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	P VICHOT, LAZARO 853 105TH AVE N NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Evelyn Vichot 5171 Teak Wood Dr Naples, FL 34119 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021294602 07/03/03--01007--004 ***105.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Evelyn Vichot* DATE 6/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)