


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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90068 037 \*\*\*150.00

**DOCUMENT # P98000056342**

1. Entity Name  
**KIM E. BOUCK, ESQUIRE, P.A.**



Principal Place of Business  
**701 NORTH PENINSULA DRIVE  
DAYTONA BEACH FL 32118**

Mailing Address  
**701 NORTH PENINSULA DRIVE  
DAYTONA BEACH FL 32118**



2. Principal Place of Business  
**Bouck & Chanfran**

3. Mailing Address  
**444 Seabreeze Blvd.**

Suite, Apt. #, etc.  
**444 Seabreeze Blvd. Ste. 700**

Suite, Apt. #, etc.  
**Ste. 700**

City & State  
**Daytona Beach, FL**

City & State  
**Daytona Beach, FL**

Zip  
**32118**

Country

Zip  
**32118**

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOUCK, KIM E ESQ  
701 NORTH PENINSULA DRIVE  
DAYTONA BEACH FL 32118**

4. FEI Number  
**59-3522352**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ (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	<b>P</b> <b>BOUCK, KIM E ESQ</b> <b>701 NORTH PENINSULA DRIVE</b> <b>DAYTONA BEACH FL 32118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 Seabreeze Blvd. Ste 700</b> <b>Daytona Beach, FL 32118</b>
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
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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:** SIGNATURE REQUIRED **1/21/03** **386-252-7779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)