2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000041440



FILED Feb 26, 2003 8:00 am Secretary of State

| RAY DUI | MOUCHEL, INC. | | | | | | 02-26-2003 90127 03 | 3 ***15 | 50.00 | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|--------------|---------------------------|--|
| | ace of Business I PLACE. ST #308 L FL 33909 | 125 | Mailing Address 125 NE 10TH PLACE, ST #308 CAPE CORAL FL 33909 | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | - | | | | | |
| Suite, Ap | t. #, etc. | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| _ City & Sta | ate | City,&,State | | | ~ ~~~ . | 4 | 4. FEI Number_ 65-0921932 - Applied For | | | |
| Zip | Country | Zip C | | | Country | | i. Certificate of Status Desired | | Not Applicable Additional | |
| | 6. Name and Address of Currer | t Registered Agent | | | | | Fee Required 7. Name and Address of New Registered Agent | | | |
| 5.0.0 | | | | | Name | lame | | | | |
| 125 NE 1 | HEL, ROBERTA OTH PLACE, ST #308 RAL FL 33909 | | | Street Addres | is (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | FL | Zip C | ode | |
| 8. The above the obligation | e named entity submits this statement tions of registered agent. | for the purp | oose of changing its | registere | ed office or regis | stered a | agent, or both, in the State of Florida. I am | familiar wi | th, and accept | |
| SIGNATURE | Clouders | | | | | | | | | |
| | Signature, typed or printed name of registered agen | t and title if ap | olicable. (NOT | : Registered | Agent signature requ | ired when | reinstating) DATE | | | |
| After Make Check | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o | of State | | , | | | Election Campaign Financing Trust Fund Contribution. | \$5] Add | .00 May Be ded to Fees | |
| 10. | OFFICERS AND | DIRECTO | RS | 11. | | A | DDITIONS/CHANGES TO OFFICERS AND | DIBECTO | ORS IN 11 | |
| STREET ADDRESS CITY-ST-ZIP | VP DUMOUCHEL, ROBERTA 125 NE 10TH PL. ST #308 CAPE CORAL FL 33909 | | □ Delete | | | · | | ☐ Chang | | |
| Title Name Street address* City-st-zip | يادان رون المحادث والمحادث والم والمحادث والمحادث والمحادث والمحادث والمحادث والمحادث والمحاد | | ☐ Delete | | T ADDRESS | | الرجعة بدداء بالمعاوضية فالمستعملية والمعاوضية | Change | e Addition | |
| TITLE NAME STREET ADDRESS SITY-ST-ZIP | | | □ Delete | TITLE NAME STREET CITY-S | T ADDRESS ST-ZIP | • | | Change | Addition | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP. | | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | ☐ Change | Addition | |
| ITLE AME TREET ADDRESS ITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | · · · · · · · · · · · · · · · · · · · | | Change | Addition | |
| TLE AME REET ADDRESS TY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET CITY-ST | ADDRESS ZIP | 7 | | ☐ Change | Addition | |
| 2. I hereby ce indicated o | ertify that the information supplied with in this report or supplemental report is pration or the receiver or trustee | this filing o | loes not qualify for the courate and that my | | | ection 1 | 119.07(3)(i), Florida Statutes. I further certi egal effect as if made under oath: that I ar | y that the | information | |