

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91477 010 ***150.00

DOCUMENT # P99000077768

1. Entity Name
STEAMBOAT LILLIE'S, INC.

Principal Place of Business

2237 N KINGS ROAD
HILLIARD FL 32046

Mailing Address

2237 N KINGS ROAD
HILLIARD FL 32046

2. Principal Place of Business

541584 U.S. HIGHWAY ONE

3. Mailing Address

541584 U.S. HWY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HILLIARD, FL

City & State

HILLIARD, FL

4. FEI Number

59-3597364

Applied For

Not Applicable

Zip

32046

Country

USA

Zip

32046

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUCHARD, LILLIAN E
ROUTE 4, BOX 8826
HILLIARD FL 32046

Name

BOUCHARD, LILLIAN E

Street Address (P.O. Box Number is Not Acceptable)

2879 FOX GLOVE PLACE

City

HILLIARD

FL

Zip Code

32046

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

Lillian E. Bouchard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **BOULHARD, LILLIAN E**
STREET ADDRESS **ROUTE 4 BOX 8826**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **D-PRESIDENT** ☒ Change ☐ Addition
NAME **BOUCHARD, LILLIAN E.**
STREET ADDRESS **2879 FOX GLOVE PLACE**
CITY-ST-ZIP **HILLIARD, FL 32046**

TITLE **ST** ☒ Delete
NAME **SMITH, NANCY**
STREET ADDRESS **ROUTE 2 BOX 3923**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **D-SECRETARY-TREASURER** ☒ Change ☐ Addition
NAME **SMITH, NANCY BLICK**
STREET ADDRESS **19474 CHANCE LANE**
CITY-ST-ZIP **HILLIARD, FL 32046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian E. Bouchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIAN E. BOUCHARD

PRESIDENT

4-19-02

(904) 845-1181

Date

Daytime Phone #

CR2E034 (9/01)