APPROVED AND 05-29-2002 93598 014 ***150.00
S25177

FILED
May 29, 2002 8:00 A.M.
Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25177

1. Entity Name

S C L BOUCHARD ENTERPRISES INC.

3/25/02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5100 NW. 35th. STREET	
Suite, Apt. #, etc. 208	Suite, Apt. #, etc.
City & State LAUDERDALE LAKES, FL	City & State
Zip 33319 Country US	Zip Country

4. FEI Number 65-0234172 ☐ Applied For ☐ Not Applicable

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: BOUCHARD SIMONE

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

5100 NW. 35th. STREET # 208

City: LAUDERDALE LAKES FL Zip Code: 33319

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 P NAME BOUCHARD SIMONE STREET ADDRESS 5100 NW. 35th. STREET # 208 CITY-ST-ZIP LAUDERDALE LAKES, FL. 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Simone Bouchard Simone Bouchard 3/25/02 954.485.4881

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