

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90029 014 ***150.00

DOCUMENT # L48223
 1. Entity Name
DARRYLL BAUCHERT & ASSOCIATES, INC.

Principal Place of Business 6719 WINKLER RD STE. 114 FORT MYERS FL 33919 US	Mailing Address 6719 WINKLER RD SUITE 114 FORT MYERS FL 33919-7200 US
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2. Principal Place of Business 8660 College Parkway Suite, Apt. #, etc. Suite 80 City & State Fort Myers FL Zip 33919 Country USA	3. Mailing Address 8660 College Parkway Suite, Apt. #, etc. Suite 80 City & State Fort Myers FL Zip 33919 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAUCHERT, DARRYLL R., SR. 6719 WINKLER RD STE 114 FT MYERS FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *[Signature]* DATE: 4/21/2000
(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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUCHERT, DARRYLL R., SR 1455 CARMELLE DR., S.W. FT. MYERS FL <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	VD BAUCHERT, MARTHA A. 1455 CARMELLE DR., S.W. FT. MYERS FL <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

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 listed powers.

SIGNATURE: *[Signature]* DATE: 5/11/00 DAYTIME PHONE #: (941) 489-3103

CR2E034 (9/99)