2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90493 007 ***150.00

DOCUMENT # M91381

1. Entity Name
LAW OFFICES OF GENE S. DEVORE, P.A.

Principal Place of Business	Mailing Address
2161 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409	2161 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2161 Palm Beach Lakes Blvd	2161 Palm Beach Lakes Blvd
Suite, Apt. #, etc.: #404	Suite, Apt. #, etc.: #404
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. FEI Number 65-0059543 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVORE, GENE S
2161 PALM BEACH LAKES BLVD.
SUITE 204
WEST PALM BEACH FL 33409

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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	DP DEVORE, GENE S 2161 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 GENE S. DEVORE Director 2/25/03 (561) 471-1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #