

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000085884

1. Entity Name
ROLLIE DEVEAUX, INC.

Principal Place of Business 912 NW 2 ST. FT. LAUDERDALE FL 33311	Mailing Address 912 NW 2 ST. FT. LAUDERDALE FL 33311
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DEVOE RONALD
 912 NW 2 ST.
 FT. LAUDERDALE FL 33311

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.

SIGNATURE **RONALD DEVOE** DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME STEWART JACQUELINE	
STREET ADDRESS 912 NW 2 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	
TITLE D	<input type="checkbox"/> Delete
NAME BUTLER LETITIA	
STREET ADDRESS 912 NW 2 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	
TITLE D	<input type="checkbox"/> Delete
NAME ISOM JOHN	
STREET ADDRESS 912 NW 2 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	
TITLE D	<input type="checkbox"/> Delete
NAME HANNS YVETTE	
STREET ADDRESS 912 NW 2 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	
TITLE D	<input type="checkbox"/> Delete
NAME DEVOE RONALD	
STREET ADDRESS 912 NW 2 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	
TITLE D	<input type="checkbox"/> Delete
NAME DEVOE OLLIE	
STREET ADDRESS 912 NW 2 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **RONALD DEVOE** D DATE **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)