2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000018591

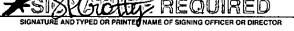


FILED Jan 23, 2003 8:00 am Secretary of State

DEVANEY'S, INC.							01-23-2003 901 /9 02	3	0.00	
Principal Place of Business 461 PICKFAIR TERRACE 461 PICKFAIR TERRACE LAKE MARY FL 32746 LAKE MARY FL 32746					,					
Principal Place of Business Address Address										
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	9	City	City & State			4.	4. FEI Number 59-3707923 Applied For Not Applicable			
Zip	Country		Zip Cour		ntry 5.			8.75 Add ee Require		
6. Name and Address of Current Regist			stered Agent		7. Name and Address of New Registered Agent					
					Name					
CROTTY, SANDRA R					Street Address (P.O. Box Number is Not Acceptable)					
461 PICKFAIR TERRACE										
LAKE MARY FL 32746					1					
•					City FL Zip Code				e	
the obligati	ions of registered agent.				ed office or regis		gent, or both, in the State of Florida. I am far	niliar with,	and accept	
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.		0 May Be to Fees	
10.	OFFICERS AND DIRECTORS			11.	11.		DDITIONS/CHANGES TO OFFICERS AND D	IRECTOR:	S IN 11	
TITLE NÅME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Delete CROTTY, EDWARD 461 PICKFAIR TERRACE LAKE MARY FL 32746		☐ Delete				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete				en grande en	_]⁺Change	□ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplie	d with this filing	Delete	CITY	E Et address -St-zip	Section	[119.07(3)(i), Florida Statutes. I further certify	Change	Addition	

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: 2



Date

Daytime Phone #