

06-09-2000 90003 001 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000077641*

1. Entity Name *DEV CONSTRUCTION INC.*

Principal Place of Business *210 NE 26 COURT*
POMPANO BEACH, FL. 33064

2. Principal Place of Business *SAME*

3. Mailing Address *SAME*

4. FCI Number *65-0947155*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent:
 Name *FRANK CUMBERBACH*
 Street Address (P.O. Box Number is Not Acceptable) *3412 NORTH STATE ROAD 7*
LAUDERDALE LAKES
 City *FL* Zip Code *33313*

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 *Timothy Devonish* **PRESIDENT** *05/20/00*

9. This corporation is eligible to set by its tangible tax filing requirement and elects to do so. **FILE NOW!! FEE IS \$150.00**
 After May 15, 2000 Fee will be \$250.00
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00	
TITLE <i>PRESIDENT</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>TIMOTHY DEVONISH</i>		NAME	
STREET ADDRESS <i>210 NE 26 CT</i>		STREET ADDRESS	
CITY-ST-ZIP <i>POMPANO BEACH, FL. 33064</i>		CITY-ST-ZIP	
TITLE <i>SECRETARY</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>TIMOTHY DEVONISH</i>		NAME	
STREET ADDRESS <i>210 NE 26 CT</i>		STREET ADDRESS	
CITY-ST-ZIP <i>POMPANO BEACH FL. 33064</i>		CITY-ST-ZIP	
TITLE <i>TREASURER</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>TIMOTHY DEVONISH</i>		NAME	
STREET ADDRESS <i>210 NE 26 COURT</i>		STREET ADDRESS	
CITY-ST-ZIP <i>POMPANO BEACH, FL. 33064</i>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. This entity certifies that the information furnished with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. Further, certifies that the information furnished is true, correct, and accurate and that any person who provides false information shall be subject to the same penalties as provided under such law. This information is provided for the information of the Department of State and that any person who provides false information shall be subject to the same penalties as provided under such law. This information is provided for the information of the Department of State and that any person who provides false information shall be subject to the same penalties as provided under such law.

SIGNATURE: *Timothy Devonish* **PRESIDENT** *5/20/00*

CR21034 (9/98)