

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91190 049 ***150.00

DOCUMENT # P99000077641
1. Entity Name
 DEV CONSTRUCTION, INC ✓

Principal Place of Business **Mailing Address**

2. Principal Place of Business 210 NE 26 CT
3. Mailing Address SAME AS
 Suite, Apt. #, etc. (PH) Suite, Apt. #, etc.

City & State POMPANO BEACH **City & State**
Zip 33064 **Country** BROWARD **Zip** **Country**

4. FEI Number 65-0947155 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 FRANK COMBERBATCH
 5546 W OAKLAND PK BLVD #201
 LAUDERHILL, FL. 33313

7. Name and Address of New Registered Agent
 Name: N/A
 Street Address (P.O. Box Number is Not Acceptable): N/A
 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: N/A
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)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMOTHY DEVONISH <input type="checkbox"/> Delete 210 NE 26 CT POMPANO BEACH, FL. 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIMOTHY DEVONISH <input type="checkbox"/> Delete 210 NE 26 CT POMPANO BEACH, FL. 33064
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: ✓ Timothy Devonish 5/101 (9/01)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debita Print #

CR2E034 (11/00)