

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 022 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 702445

1. Entity Name
THE DEAUVILLE INC.



Principal Place of Business
3215 SE 10TH ST
POMPANO BEACH, FL 33062

Mailing Address
3215 SE 10TH ST
POMPANO BEACH, FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0951676

Applied For

Not Applicable

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

OPARA, PEGGY D
3215 SE 10TH ST, #202
POMPANO BEACH, FL 33062

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME OPARA, PEGGY D
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Delete

TITLE V
NAME RIORDAN, HELEN
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Delete

TITLE T
NAME BEGLEY, EDWARD
STREET ADDRESS 3215 SE 10TH ST #203
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Delete

TITLE D
NAME PERKINS, WAYNE
STREET ADDRESS 3215 SE 10TH ST #208
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Delete

TITLE SD
NAME HORN, DIANE M
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 517, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14-04-03 954-545-9776

CR2E037 (10/02)