FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

E D AIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ENTE

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # 601688 1. Entity Name DEVITT, THISTLE & DEVITT, P.A. 02-13-2002 90242 017 ***150.00 Principal Place of Business Mailing Address 30 SE 4TH AVENUE 30 SE 4TH AVENUE **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1276218 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVITT, FRED B Street Address (P.O. Box Number is Not Acceptable) 30 SE 4TH AVE **DELRAY DEACH FL 33444** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete TITLE Change ☐ Addition DEVITT, FRED B JR NAME NAME STREET ADDRESS 729 S. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP DELRAY BCH. FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THISTLE, J. JEFFREY NAME STREET ADDRESS 303 GROVE WAY STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DEVITT, FRED B III NAME NAME 3030 N OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULFSTREAM FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address with an address with an address.