

5/14

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90353 003 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 649635

1. Entity Name

DAVERSA AND MARTYN, PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

218 US HWY ONE, #202

3. Mailing Address

218 US HWY ONE, #202

Suite, Apt. #, etc.

PO BOX 3765

Suite, Apt. #, etc.

PO BOX 3765

City &amp; State

TEQUESTA, FL

City &amp; State

TEQUESTA, FL

4. FEI Number

59-1962982

Applied For

Not Applicable

Zip

33469

Country

Zip

33469

Country

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

7. Name and Address of Current Registered Agent

Name

JEFFREY N. DAVERSA

Street Address (P.O. Box Number is Not Acceptable)

218 U.S. HIGHWAY ONE STE 202

City

TEQUESTA

FL

Zip Code

33469

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPVPD  
DAVERSA, JEFFREY N  
18778 RIO VISTA DRIVE  
JUPITER, FL 33458TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPDP  
MARTYN, JOHN M  
18573 SE SEAGRAPE LN  
TEQUESTA, FL 33469TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 26, 2002 561-746-8389

Date

Daytime Phone #