

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90141 019 \*\*\*150.00

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**DOCUMENT # 857299**

1. Entity Name

**WILLIAM S. DEVLIN INVESTMENTS LTD. CORPORATION**

Principal Place of Business

% L.N. INGRAM, III  
 STE 302, 900 BLDG., 900 SIXTH AVE. SOUTH  
 NAPLES FL 33940

Mailing Address

% L.N. INGRAM, III  
 STE 302, 900 BLDG., 900 SIXTH AVE. SOUTH  
 NAPLES FL 33940

2. Principal Place of Business

c/o L. N. Ingram, III

Suite, Apt. #, etc. Suite 302  
 900 Sixth Avenue So.

City & State  
 Naples, Florida

Zip  
 34102

Country  
 USA

3. Mailing Address

c/o L.N Ingram, III

Suite, Apt. #, etc. Suite 302  
 900 Sixth Avenue So.

City & State  
 Naples, Florida

Zip  
 34102

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**98-0107080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

INGRAM, L. N., III  
 SUITE 302, NINE HUNDRED BLDG.  
 900 SIXTH AVE. SOUTH  
 NAPLES FL 33940

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code  
**34102**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DEVLIN, WILLIAM S. 406 LAKESHORE RD. BEACONSFIELD QUEBEC CN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR HART, THOMAS E. 6332 YORK ST. HALIFAX, NS, CANADA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR VAN PENNICK, FRANK 924 MCLEAN ST HALIFAX NS CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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
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:

*William S. Devlin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 28 2002*  
 Date

Daytime Phone #

CR2E034 (9/01)