## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # F96000006116 1. Entity Name DEVISERS, INC. 05-04-2000 90158 023 \*\*\*158.75 Mailing Address Principal Place of Business 2516 W KENNEDY BLVD 2516 W KENNEDY BLVD TAMPA FL 33609-3306 TAMPA FL 33609 US 2. Principal Place of Business 3. Mailing Address Nouscon St 5009 W. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0624453 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HANEY, R. REID Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., STE 4100 **TAMPA FL 33602** 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. DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. DΡ Change ☐ Addition ☐ Delete TITLE TITLE ABELES, BRIAN NAME NAME STREET ADDRESS 5009 W. Nousau St. STREET ADDRESS 2516 W KENNEDY BLVD CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** Change ☐ Addition Delete TITLE TITLE SMITH, T G NAME NAME 2516 2 KENNEDY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33609** ☐ Addition TITLE TITI E ☐ Delete WATERS, J J NAME NAME 5009 W. Nassau A. STREET ADDRESS 2516 W KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP Tampa, FL 33607 CITY-ST-ZIP **TAMPA FL 33609** Change Change DT TITI F ☐ Addition ☐ Delete SKARDA, S E NAME NAME 5009 W. Nassau St. STREET ADDRESS 2516 W KENNEDY BLVD STREET ADDRESS CITY-ST-7IP Tampa, FL 33607 CITY-ST-ZIP **TAMPA FL 33609** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE

13. I hereby certify that the information supplied with this filling 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 employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee emp changed, or on an attachment with an address Il other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

عالم تا ما الأكاري . PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR