

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004653

1. Entity Name

DEVASTATION DISTRIBUTING INDUSTRIES, INC.

Principal Place of Business

2261 NE 164TH ST.
N. MIAMI BEACH FL 33160

Mailing Address

2261 NE 164TH ST.
N. MIAMI BEACH FL 33160

2. Principal Place of Business

3960 W. Navy Blvd.

Suite, Apt. #, etc.

#40

3. Mailing Address

3960 W. Navy Blvd.

Suite, Apt. #, etc.

#40

City & State

Pensacola, FL

City & State

Pensacola FL

Zip

32507

Country

USA

Zip

32507

Country

USA

6. Name and Address of Current Registered Agent

FLORES, SHANE
2261 NE 164TH ST
NORTH MIAMI BEACH FL 33160

4. FEI Number

59-1058363

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Shane Flores

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

3960 W. Navy Blvd

#40

City

Pensacola

FL

Zip Code

32507

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	FLORES, SHANE	
STREET ADDRESS	2261 N.E. 164TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shane Flores	
STREET ADDRESS	3960 W. Navy Blvd #40	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANE Flores

4-13-01

Date

850-455-8686

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90095 028 ***158.75

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DO NOT WRITE IN THIS SPACE