2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K90499** 1. Entity Name **DEVIN VENTURES, INC.**

FILED Mar 05, 2001 8:00 am Secretary of State 03-05-2001 90274 024 ***150.00

SOURCESS STATE STON MEMORIAL MYN. #208 TAMPA R. 33815	Principal Place	of Business	Marilla a Allahara	T-14-				
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CORPORATION INFORMATION SERVICES, INC. 1. The above named entry submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons or box. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible facility and electrons. Signature for a displate to satisfy its intangible for a displate t	2. Principal Place of Business		3. Mailing Address					
SP-2996928 SP-	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Service Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301 City City FL Zip Code The above named entity submits this datement for the purpose of chenging its registered office or registered agent, or both, in the State of Floridat. Signature Sig	City & State		City & State		4. FEI Number 59-2966928	00320		
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301 City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City	Zip	,		Country	5. Certificate of Status Desired		8.75 Add	litional
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FI. 32301 City FL Zip Code City		6. Name and Address of Current F	legistered Agent		7. Name and Address of New R	egistered A	gent	
1201 HAYES STREET TALLAHASSEE FL 32301 City FL Zip Code City FL				Name				
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Rayable to the part of the purpose of Check Rayable to the part of the purpose of Added to Fee Tax filling requirement and elects to do so. Make Check Rayable to the part of the purpose of Check Rayable to the part of the purpose of Check Rayable to the part of the pa	1201	HAYES STREET	ES, INC.	Street Addre	ess (P.O. Box Number is Not Acceptable	>)		
And the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or printed name of registered spert and rife it applicable. 9. This corporation is eligible to satisfy its Intangible Talk filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$55,000 May Be Added to Fees Adde	IALLA	WINOSEE PE SZSUT		City			Zip Cod	e
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Signature. Sprake or printed nemer of regulated agent and talls in Englished to Satisfy its Intangible Tax filing requirement and elects to do so.	B. The above r	named entity submits this statement for	the purpose of changing it	ts registered office or regi	istered agent, or both, in the State of Flo	orida.		
Street Address Street	SIGNATURE _	Signature typed or printed page of registered accept a	Ad title if emplicable (A)	NTC 0				
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee_with 5550.00 Trust Fund Contribution. \$55.00 May Be Added to Fees (See criteria on back) Company Beauty		agrature, typed or printed frame or registered agent a	id title if applicable. [NC	JTE: Hegistered Agent signature red	quired when reinstating)	DATE		
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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.