

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-20-2002 90008 009 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002751

1. Entity Name

DEVITT HARRISON ENTERPRISES, LLC

Principal Place of Business

7304 SWALLOW RUN
WINTER PARK FL 32792-6575

Mailing Address

7304 SWALLOW RUN
WINTER PARK FL 32792-6575

2. Principal Place of Business

~~Orlando, FL~~ 153 Tuscomy Pt. Ave
 Suite, Apt. #, etc.

3. Mailing Address

153 Tuscomy Pt. Ave
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL 32807

Zip

32807

Country

USA

Zip

32807

Country

USA

4. FEI Number 59-370367

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, DEVITT
 7304 SWALLOW RUN
 WINTER PARK FL 32792-6575

Name

Harrison, Devitt

153 Tuscomy Pointe Ave.

City Orlando

FL

Zip Code 32807

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

Devitt Harrison, President
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME MGRM
 STREET ADDRESS HARRISON, DEVITT
 CITY-ST-ZIP 7304 SWALLOW RUN
 WINTER PARK FL 32792-6575

☐ Delete

TITLE
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 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS 153 Tuscomy Pointe Ave.
 CITY-ST-ZIP Orlando, FL 32807

☒ Change☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/02 407-256-5805

CR2E083 (9/01)