

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90020 027 ***150.00

DOCUMENT # L84572

1. Entity Name

DEVOS ENTERPRISES, INC.

Principal Place of Business

**410 SE WALTERS TER
 PORT ST. LUCIE FL 34983
 US**

Mailing Address

**410 SE WALTERS TER
 PORT ST. LUCIE FL 34983
 US**

2. Principal Place of Business

203 Olive Ave
 Suite, Apt. #, etc.

3. Mailing Address

203 Olive Ave
 Suite, Apt. #, etc.

City & State

PSL, FL

City & State

PSL, FL

Zip

34952

Country

Zip

34952

Country

US

4. FEI Number

59-3026958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DEVOS, KEVIN J.
 410 SE WALTERS TERR
 PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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	DPS DEVOS, KEVIN J. 410 SE WALTERS TER PORT ST. LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DEVOS, DEANNA L. 410 SE WALTERS TER PORT ST. LUCIE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	203 Olive Ave PSL, FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	203 Olive Ave PSL, FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)