2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L84572

DOCUMENT #

1. Entity Name
DEVOS ENTERPRISES, INC.

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FILED Apr 28, 2003 8:00 am Secretary of State

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City & State City & State City & State City & State A. FEI Number S9-302688	2. Principal Place of Business		3. Ma	3. Mailing Address											1815 1 81811 1	HANN WARII LAMI		
Country Zip Country Zip Country S. Certificate of Status Desired \$6.75 Additional Fee Required Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Status Desired \$6.875 Additional Fee Required Agent 7. Name and Address of New Registered Agent 7. Name and New Regi	Suite, Apt. #, etc. Suite, Apt. #, etc.) CHE	CK HE	RE IF	MAKIN	g СН	ANGES				
S. Certificate of Status Desired S. Name and Address of New Registered June 1	City & Stat	e		City	City & State			7	4. FEI Number 59-3026958									
DEVOS, KEVIN J. 410 SE WALTERS TERR PORT SAINT LUCIE FL 34983 City FL Zip Code	Zip		Country	Zip		Coun	try	-	5. Cer	tificate of	Status	Desire	d					7
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Register	ed Agent				7. Nan	ne and A	ddress	of Ne	w Reg	istered	Ager	it		I.
At 10 SE WALTERS TERR PORT SAINT LUCIE FL 34983 City FL Zip Code				<u> </u>			_Name				. - <u>-</u>							
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Mg/Le Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME DEVOS, KEWIN J. STREET ADDRESS OTY-51-2P PORT SAINT LUCIE FL 34952 TITLE DEVOS, DEANNA L. 230 QUIVE AVE PORT SAINT LUCIE FL 34952 TITLE NAME STREET ADDRESS OTY-51-2P OTH-51-2P OTH-5			RR				Street Add	fress (P.C	D. Box	Number	s Not A	Accepta	able)					\dashv
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	-																	1
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After May 1, 2003 Fee will be \$550.00 May Be Added to Feese Majke Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed o	r printed name of registered agent a	and title if app	olicable. (NOTE	E: Registere	d Agent signature	required wh	en reinsta	ting)				DATE				
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	12. I hereby o	certify that the	information supplied with	this filing	does not qualify for	the exe	mption stated	in Section	on 119	.07(3)(i),	Florida	Statute	es. I fu	rther ce	ertify th	nat the in	nformation	\dashv

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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

WED

Daytime Phone #