

2001 UNIFORM BUSINESS REPORT (UBR)

0004119 AF

DOCUMENT # L96000000813

1. Entity Name

DEVOE AND MATTHEWS, L.C.

APPROVED
AND
FILED

01 APR 23 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

348 MIRACLE STRIP PARKWAY S.W.
SUITE 23
FORT WALTON BEACH FL 32548

Mailing Address

348 MIRACLE STRIP PARKWAY S.W.
SUITE 23
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3393175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATTHEWS, NORMAN D
348 MIRACLE STRIP PARKWAY S.W.
SUITE 23
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name DOUGLAS R. DEVOE

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

348 MIRACLE STRIP PKWY, SW, #23

City FT. WALTON BEACH

FL

Zip Code 32548

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
NAME SCHADEGG, LAWRENCE M
STREET ADDRESS 43865 AIRPORT VIEW DRIVE
CITY-ST-ZIP HOLLYWOOD MD 20636 ☐ Delete

TITLE NAME MGR
NAME DURANSKE, MATTHEW G
STREET ADDRESS 43865 AIRPORT VIEW DRIVE
CITY-ST-ZIP HOLLYWOOD MD 20636 ☒ Delete

TITLE NAME MGR
NAME CRANE, ALLAN D
STREET ADDRESS 43865 AIRPORT VIEW DRIVE
CITY-ST-ZIP HOLLYWOOD MD 20636 ☐ Delete

TITLE NAME MGR
NAME MATTHEWS, NORMAN D
STREET ADDRESS 348 MIRACLE STRIP PKWY., S.W., #23
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☒ Delete

TITLE NAME MGR
NAME DEVOE, DOUGLAS R
STREET ADDRESS 348 MIRACLE STRIP PKWY., S.W., #23
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR
NAME SCHUMACHER, WILLIAM C.
STREET ADDRESS 43865 AIRPORT VIEW DRIVE
CITY-ST-ZIP HOLLYWOOD, MD 20636 ☐ Change ☒ Addition

TITLE NAME
NAME 400004133544-5
STREET ADDRESS -05/03/01--01064--001
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (11/00)