

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006637

1. Entity Name
DEVCO DEVELOPMENT LLC

FILED

01 APR -4 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2802 SYDNEY ROAD
PLANT CITY FL 33567

Mailing Address

2802 SYDNEY ROAD
PLANT CITY FL 33567

2. Principal Place of Business

3. Mailing Address

PO Box 2190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BRANDON FL

4. FEI Number
59-3604448

Applied For
Not Applicable

Zip

Country

Zip
33509

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, STEVEN G
401 E. KENNEDY BLVD., STE 1105
TAMPA FL 33602

Name

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

100 N. TAMPA ST, SUITE 3500

City
TAMPA

FL

Zip Code
33602

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

000003995330--2
-04/12/01--01120--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RASHID, SAM
2802 SYDNEY RD.
PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
RASHID, ALINA
715 ALPINE COURT
N. VANCOUVER BC CANADA V7R 2L7 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
602275 B.C. LTD
715 ALPINE COURT
N. VANCOUVER BC CANADA V7R 2L7 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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 #

3/31/01

813-754-1665

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CR2E083 (11/00)