

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004005

1. Entity Name

DEVISEVA, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90084 018 ****61.25

Principal Place of Business

Mailing Address

15411 NW 89 STREET
ALACHUA FL 32615

15411 NW 89 STREET
ALACHUA FL 32615-5805

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

59-3499096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

COMTOIS, LORI
15411 NW 89 STREET
ALACHUA FL 32615

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WEILAND, SUSAN
STREET ADDRESS P O BOX 2038 N/A
CITY-ST-ZIP ALACHUA FL 32616

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Gilda Dixon
CITY-ST-ZIP R.R. 1 Box

TITLE D ☐ Delete
NAME TERRY, NANCY
STREET ADDRESS 33-22 85 ST.
CITY-ST-ZIP JACKSON HEIGHTS NY-11372

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Dayna Fiorentino
CITY-ST-ZIP 41 W. Allens Lane
Philadelphia, PA-19119

TITLE D ☒ Delete
NAME COMTOIS, LORI
STREET ADDRESS 15411 NW 89 STREET
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE D ☐ Delete
NAME CORNIA, REBECCA
STREET ADDRESS RD 1 BOX 295
CITY-ST-ZIP MOUNDSVILLE VA 26041

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REBECCA CORNIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 (304) 845-3987
Date Daytime Phone #

CR2E037 (9/99)