2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90658 016 ***158.75

A0038285

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000023523 ✓

1. Entity Name
DEVRX CORPORATION

Principal Place of Business	Mailing Address
5160 FOXHALL DR. S. WEST PALM BEACH, FL 33417	PO BOX 220862 WEST PALM BEACH, FL 33422

2. Principal Place of Business	3. Mailing Address
5160 FOXHALL DR. S.	PO BOX 220862
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33417 Country: USA	Zip: 33422 Country: USA

4. FEI Number: 65-0989008 ☐ 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
MATTHEW McCALLISTER 5160 FOXHALL DR. S. WEST PALM BEACH, FL 33417	Name: MATTHEW MCCALLISTER Street Address (P.O. Box Number is Not Acceptable): 3230 COMMERCE PLACE City: WEST PALM BEACH FL Zip Code: 33407

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MATTHEW McCALLISTER 5160 FOXHALL DR. S. WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J. DAVID McCALLISTER 8254 BOBOLINK DR. WEST PALM BEACH, FL 33412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] MATTHEW McCALLISTER 3/17/01 561 630 4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)