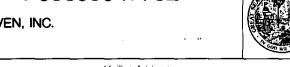
## **UNIFORM BUSINESS REPORT (UBR)**

## **2003 FOR PROFIT CORPORATION**

P00000047702 **DOCUMENT #** 

1. Entity Name

TREASURE'S IN HEAVEN, INC.





**FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90180 021 \*\*\*150.00

				GOD WE THE	- 1				
Principal Place of Business 1514 GEORGIA AVENUE PALM HARBOR FL 34683		Mailing Address 1514 GEORGIA AVENUE PALM HARBOR FL 34683							
2. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES			
City & Star	e	City & State			<b>4</b> , F	El Number <b>59-3648906</b>	<u> </u>	oplied For	
Zip	Country Zip Co		Countr	у			\$8.75 Add	.75 Additional Required	
	6. Name and Address of Current	Registered Agent				lame and Address of New Registered			
				Name					
DEVOLL, ROBERT J 1514 GEORGIA AVENUE PALM HARBOR FL 34683				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL	Zip Cod	e	
	lions of registered agent.			d office or registe		ent, or both, in the State of Florida. I am f	amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D   DEVOLL, ROBERT J   1514 GEORGIA AVENUE   PALM HARBOR FL 34683	☐ Delete	NAME	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOLL, MELODY L 1514 GEORGIA AVENUE PALM HARBOR FL 34683	Delete	NAME	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	NAME	ADDRESS ST-21P			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME	ADDRESS IT-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME	ADDRESS it-zip			Change	☐ Addition	
TITLE	,	□ Delete	TITLE				☐ Change	☐ Addition	

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 607, 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP