

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068921

1. Entity Name  
DEVIL OR ANGEL PRODUCTIONS AND MARKETING, INC.

Principal Place of Business Mailing Address  
2070 HOMEWOOD BLVD., #5417 2070 HOMEWOOD BLVD., #5417  
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

ASCHEIM, ROBERT H  
2999 N E 191ST STREET  
PH 6  
AVENTURA FL 33180

4. FEI Number 65-1047937 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME SCHAFFER, BEVERLY  
STREET ADDRESS 2070 HOMEWOOD BLVD., #5417  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE V ☐ Delete  
NAME BOLLT, JERRY M.  
STREET ADDRESS 2070 HOMEWOOD BLVD #5417  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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: BEVERLY SCHAFFER 1/3/02 561279-4255

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90001 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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