

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90437 037 ***150.00

DOCUMENT # P00000074772

1. Entity Name
DEVCOM SERVICES, INC.

Principal Place of Business

6142 JASMINE VINE DR.
 PORT ORANGE FL 32124

32124

Mailing Address

6142 JASMINE VINE DR.
 PORT ORANGE FL 32124

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

59-3654257

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

ROCKETT, PAMELA J
 1184 PELLICIER CT.
 PORT ORANGE FL 32124

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS MURRAY, J. RICHARD
 CITY-ST-ZIP 6142 JASMINE VINE DRIVE
 PORT ORANGE FL 32124

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS MURRAY, JOAN
 CITY-ST-ZIP 6142 JASMINE VINE CIRCLE
 PORT ORANGE FL 32124

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS ROCKETT, PAMELA J
 CITY-ST-ZIP 1184 PELLICAN COURT
 PORT ORANGE FL 32119

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

OOOOOO
devcomservicesSM

6142 jasmine vine drive, port orange, fl 32124 ☉ phone: 386.760.0553 fax: 386.760.0210 ☉ www.devcomservices.com

Attachment
Document #

P00000074772
1/8360

June 18, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500

Tallahassee, Florida 32302-1500

Dear Sir or Madam,

Enclosed is my signed Document P00000074772, 2002 Uniform Business Report with a filing fee of \$150.

Personal problems (a family member's suicide, my wife's major surgery) so occupied my time and attention that I overlooked many things, including the May 1 filing deadline.

Thank you for your understanding.

Sincerely,

J. Richard Murray

J. Richard Murray
President and CEO

