

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90149 018 ***150.00

DOCUMENT # P00000087075

1. Entity Name
DOUVILLE DEVELOPMENT, INC.

Principal Place of Business
22 HASTINGS LANE
BOYNTON BEACH FL 33426

Mailing Address
22 HASTINGS LANE
BOYNTON BEACH FL 33426

80066733



2. Principal Place of Business
111 Cypress Trace
Suite, Apt. #, etc.

3. Mailing Address
111 Cypress Trace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Beach FL
Zip
33411

City & State
Royal Palm Beach FL
Zip
33411

4. FEI Number
65-1044743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUVILLE, ROBERT J
22 HASTINGS LANE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name
Robert J. Douville
Street Address (P.O. Box Number is Not Acceptable)
111 Cypress Trace
City
Royal Palm Beach FL
Zip Code
33411

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 Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUVILLE, ROBERT J 22 HASTINGS LANE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4-4-2002 **561 615-8885**

Date

Daytime Phone #

CR2E034 (9/01)