

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-24-2003 90132 030 ***150.00

DOCUMENT # P00000087075

1. Entity Name
DOUVILLE DEVELOPMENT, INC.



Principal Place of Business
111 CYPRESS TRACE
ROYAL PALM BEACH FL 33411

Mailing Address
111 CYPRESS TRACE
ROYAL PALM BEACH FL 33411

11011041



2. Principal Place of Business

3. Mailing Address

425 S Sequoia Dr

425 S. Sequoia Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
W.P.B. FL

City & State
W.P.B. FL

4. FEI Number **65-1044743**

Applied For

Not Applicable

Zip
33409

Country
Palm Bch

Zip
33409

Country
Palm Bch

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

DOUVILLE, ROBERT J
111 CYPRESS TRACE
WEST PALM BEACH FL 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DOUVILLE, ROBERT J**
STREET ADDRESS **22 HASTINGS LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert J. Douville**
STREET ADDRESS **825 S. Sequoia Dr.**
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Douville 561-346-2713

CR2E034 (10/02)