

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90736 019 ***150.00

DOCUMENT # P 000000101847

1. Entity Name

Development Capital Advisors, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

148 Seagate Road

Suite, Apt. #, etc.

3. Mailing Address

148 Seagate Rd

Suite, Apt. #, etc.

B0061832

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

65-1057875

Applied For

Not Applicable

Zip

33480

Country

Zip

33480

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DEBAY, William L., CPA

Street Address (P.O. Box Number is Not Acceptable)

4524 GUN CLUB ROAD

City

WEST PALM BEACH FL

Zip Code

33415

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
THOMPSON, GERARD M. Esq.
148 Seagate Road
Palm Beach FL 33480

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02

Date

561-622-6136

Daytime Phone #

CR2E034B (12/01)