01/02 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117973

1. Entity Name: DEVIN & BROTHERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2771 MONUMENT ROAD	SAME
Suite, Apt. #, etc. SUITE #29	Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State
Zip 32225 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3694525 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: GANDY SETIADY
Street Address (P.O. Box Number is Not Acceptable): 2771-29 MONUMENT RD
City: JACKSONVILLE FL Zip Code 32225

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 ________ DATE 6/27/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P	TITLE	
NAME	CIANDY SETIADY	NAME	100006231641--8
STREET ADDRESS	4533 PRINCESS LABETH COURT	STREET ADDRESS	-07/05/02--01076--025
CITY-ST-ZIP	JACKSONVILLE FL 32258	CITY-ST-ZIP	****300.00 ****300.00
TITLE	P	TITLE	
NAME	AGNES SETIADY	NAME	100006231641--8
STREET ADDRESS	4533 PRINCESS LABETH COURT	STREET ADDRESS	-07/05/02--01076--026
CITY-ST-ZIP	JACKSONVILLE FL 32258	CITY-ST-ZIP	******8.75 ******8.75
TITLE		TITLE	
NAME		NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E030 (12/01)

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: ________ 6/13/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

June 13, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Devin & Brothers
DBA Mail Box Etc. USA
59-3694525

Dear Sir or Madam:

On behalf of our client. we are pleased to enclose a check in the amount of $300.00 for the year 2001 and 2002.

Our client has made every effort to be in compliance; however, he shows no record of ever having received the Uniform Business Report. Therefore, we request a waiver of the penalties and interest.

Thank you,
CONNER, HUBBARD & COMPANY

Kim K. Hubbard
Certified Public Accountant

Website: www.ConnerHubbard.com
Please respond to the office at:

E-mail: Firm@ConnerHubbard.com

1106 Park Avenue
Orange Park, Florida 32073
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3128 Beach Boulevard
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Nashville, Georgia 31639
(229) 686-3377; Fax (229) 686-3566