

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

DOCUMENT # P00000117973

1. Entity Name

DEVIN & BROTHERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2771 MONUMENT ROAD

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE # 29

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

Zip
32225

Country

Zip

Country

4. FEI Number
59-3694525

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

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IN THIS SPACE**

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 date of signature

(NOTE: Registered Agent signature required when: (a) changing)

6/27/02

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: \$150.00
After May 1, Fee: \$300.00
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
GANDY SETIADY
4533 PRINCESS LABETH COURT
JACKSONVILLE FL 32258

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100006231641-18
-07/05/02--01076--025
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AGNES SETIADY
4533 PRINCESS LABETH COURT
JACKSONVILLE FL 32258

TITLE
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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 on an attachment with an address, with all other info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/2002

Clerk

Daytime Phone #

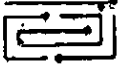
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2002071201



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

☐ 1108 Park Avenue
Orange Park, Florida 32073
(904) 278-1040; Fax (904) 278-9444

☒ 3128 Beach Boulevard
Jacksonville, Florida 32207
(904) 398-1710; Fax (904) 398-5298

☐ 212 North Davis Street
Nashville, Georgia 31639
(229) 688-3377; Fax (229) 688-3586