

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90031 017 ***150.00

DOCUMENT # P01000012602

1. Entity Name
JUST DEVINE MARKETING INC.

Principal Place of Business
178 SATINWOOD LANE
PALM BCH GARDENS FL 33410

Mailing Address
178 SATINWOOD LANE
PALM BCH GARDENS FL 33410



2. Principal Place of Business
477 S. ROSEMARY AVE ← SAME #309
 Suite, Apt. #, etc.
#309

3. Mailing Address
477 S. ROSEMARY AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
W.P.B

City & State
WPB FL

4. FEI Number
65-1078095

Applied For
 Not Applicable

Zip
33401
 Country
U.S.A

Zip
33401
 Country
U.S.A

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

6. Name and Address of Current Registered Agent

DEVINE, TROY A
178 SATINWOOD LANE
PALM BCH GARDENS FL 33410

**CHANGED OFFICER
 NAME & ADDRESS**

7. Name and Address of New Registered Agent

Name
OLYMPIA DEVINE
 Street Address (P.O. Box Number is Not Acceptable)
477 S. ROSEMARY AVE
#309
 City
W.P.B FL Zip Code
33401

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 **OLYMPIA DEVINE** **03/10/02**
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, Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VICE PRESIDENT <input type="checkbox"/> Delete	NAME DEVINE, TROY A	STREET ADDRESS 178 SATINWOOD LANE	CITY-ST-ZIP PALM BCH GARDENS FL 33410
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME OLYMPIA DEVINE	STREET ADDRESS 477 S. ROSEMARY AVE	CITY-ST-ZIP WPB FL 33401
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP

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
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
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

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: **OLYMPIA DEVINE** **03/10/02** **805-8681**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)