

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90136 013 ***158.75

DOCUMENT # P01000012602

1. Entity Name
JUST DEVINE MARKETING INC.



Principal Place of Business
477 S. ROSEMARY AVE
#309
WEST PALM BEACH FL 33401

NEW
ADDRESS

Mailing Address
477 S. ROSEMARY AVE
#309
WEST PALM BEACH FL 33401



2. Principal Place of Business
237 SUNRISE AVE
Suite, Apt. #, etc.

3. Mailing Address
235 SUNRISE AVE
#2109
Suite, Apt. #, etc.

City & State
PALM BEACH FL.

City & State
PALM BEACH FL.

4. FEI Number 65-1078095

Applied For
Not Applicable

Zip
33480

Country
USA

Zip
33480

Country
USA

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

6. Name and Address of Current Registered Agent

DEVINE, OLYMPIA
477 S. ROSEMARY AVE #309
WEST PALM BEACH FL 33401

CHANGE OF
ADDRESS

7. Name and Address of New Registered Agent

Name ~~SK~~ OLYMPIA DEVINE
Street Address (P.O. Box Number is Not Acceptable)
235 SUNRISE AVE
#2109
City PALM BEACH FL Zip Code 33480

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 the registered agent.

SIGNATURE OLYMPIA DEVINE

DATE 03/08/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME DEVINE, TROY A
STREET ADDRESS 178 SATINWOOD LANE
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☐ Delete

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

TITLE P
NAME DEVINE, OLYMPIA
STREET ADDRESS 477 S. ROSEMARY AVE
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 03/08/03 (561) 805 8681

Daytime Phone #

CR2E034 (10/02)