

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0097732 AV

02-26-2002 90164 014 ***150.00

DOCUMENT # P01000015386

1. Entity Name
DEVON HOUSE BRIDAL SERVICES, INC.

Principal Place of Business
536 W. CHURCH STREET
ORLANDO FL 32805

Mailing Address
~~536 W. CHURCH STREET~~
~~ORLANDO FL 32805~~

2. Principal Place of Business

3. Mailing Address
3179 FOXWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
ADDYKA, FL.

4. FEI Number
59-3715818

Applied For
 Not Applicable

Zip Country

Zip Country
32703 USA

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

6. Name and Address of Current Registered Agent

JONES, MARCIA J
536 W. CHURCH STREET
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D JONES, MARCIA J**
 STREET ADDRESS **536 W. CHURCH STREET**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME **PRESIDENT / DIRECTOR**
 STREET ADDRESS
 CITY-ST-ZIP **Title**

TITLE Delete
 NAME **D CHAMBERS, LISA M**
 STREET ADDRESS **6306 BAY HILL LANE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME **VICE PRESIDENT / D**
 STREET ADDRESS
 CITY-ST-ZIP **Title**

TITLE Delete
 NAME **D CHAMBERS, ROCHELLE R**
 STREET ADDRESS **6306 BAY HILL LANE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME **TREASURER / D**
 STREET ADDRESS
 CITY-ST-ZIP **Title**

TITLE Delete
 NAME **EGBERT R. CHAMBERS**
 STREET ADDRESS **3179 FOXWOOD DR**
 CITY-ST-ZIP **ADDYKA, FL 32703**

TITLE Change Addition
 NAME **SECRETARY / D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY / D 2/11/02
 Date Daytime Phone #

CR2E034 (9/01)