P01000055922

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 31 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055922

1. Entity Name
Douville & Alexander Dev Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 Shawnee Ave	3200 Shawnee Ave
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State West Palm Beach Fl	City & State West Palm Beach Fl
Zip 33409 County Palm Beach	Zip 33409 Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111493 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Karin Alexander

Street Address (P.O. Box Number is Not Acceptable): 5737 OKeechobee Blvd Suite 201

City: West Palm Beach FL Zip Code: 33417

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
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	Pres
NAME	Robert Douville
STREET ADDRESS	111 Cypress Trace
CITY-ST-ZIP	Royal Palm Beach Fl 33411
TITLE	Sec. Tres
NAME	Bruce Alexander
STREET ADDRESS	11619 Organe Grove Blvd
CITY-ST-ZIP	Royal Palm Beach Fl 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E048 (12/01)

DO NOT WRITE IN THIS SPACE

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: Robert Douville 4-15-2002 561-615-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #