
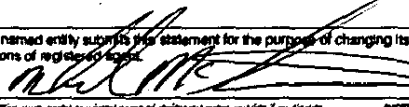

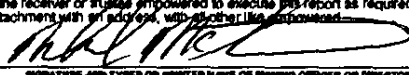


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 032 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

00116669

DOCUMENT # P01000082816			
1. Entity Name DEVON'S ENTERPRISES, INC.			
Principal Place of Business 5100 TYLER ST HOLLYWOOD HILLS, FL 33021		Mailing Address 5100 TYLER ST HOLLYWOOD HILLS, FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-1134134		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MCINTOSH, MICHAEL 6100 TYLER ST HOLLYWOOD HILLS, FL 33021		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 the 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 registered agent.			
SIGNATURE 		DATE 4/30/03	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small>	
9. 		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, MICHAEL	NAME	
STREET ADDRESS	6100 TYLER ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD HILLS, FL 33021	CITY-ST-ZIP	
TITLE	VB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, KAREN	NAME	
STREET ADDRESS	6100 TYLER ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD HILLS, FL 33021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 reports 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowerment.			
SIGNATURE: 		DATE: 4/30/03 954 553-1632	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>DATE</small>	

CREC034 (1/0/02)