2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P01000089181 1. Entity Name 05-01-2002 91575 046 ***158.75 DEVEREAUX INTERNATIONAL, INC. Principal Place of Business Mailing Address 1350 SHEELER ROAD POST OFFICE BOX 1226 B0081654 APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name__ WHITAKER, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 3191 MAGUIRE BOULEVARD SUITE 160 ORLANDO FL 32803 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 1154 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME ☐ Delete TITLE **BROWN, PHYLLIS** NAME STREET ADDRESS 8200 FOREST SERVICE ROAD #629 STREET ADDRESS 1350 Sheeler CITY-ST-ZIP PAGOSA SPRINGS CO 81147 CITY-ST-ZIP TITLE D BROWN ☐ Delete TITLE ☐ Addition NAME HANCOCK, KIMBERLY NAME STREET ADDRESS 445 PACIENTE PLACE STREET ADDRESS CITY-ST-ZIP PAGOSA SPRINGS FL 81147 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LUDWIG, DIANE -- --NAME -STREET ADDRESS 92 WILSHARE COURT STREET ADDRESS CITY-ST-ZIP PAGOSA SPRINGS CO 81147 CiTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED