

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000107155**

1. Entity Name

JERILYN DEVRIES SALES COMPANY

Principal Place of Business

**1336 SW COTTONWOOD COVE
PORT ST. LUCIE FL 34986**

Mailing Address

**1336 SW COTTONWOOD COVE
PORT ST. LUCIE FL 34986**

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

41-2033698

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVRIES, JERILYN**1336 SW COTTONWOOD COVE
PORT ST. LUCIE FL 34986**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DEVRIES, JERILYN 1336 SW COTTONWOOD COVE PORT ST. LUCIE FL 34986			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02

Daytime Phone #

8/10/22/02

Attachment # PO100007155

8/15/02

for my conversation with
the Division of Corp. dept.
this morning, I am sending
in a check for \$150.60.
I filed my corporation in the
middle of Dec. 2001 and
I never received the
1st report.

Please call me @
(772) 340-0219 if you
have any questions or
concerns.

J. DeVos

Jarvis DeVos
1336 SW Cottonwood Cove
Fort St. Lucie, FL
34976