

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90423 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108608

1. Entity Name

DEVIATE, INC. ✓

DO NOT WRITE IN THIS SPACE

93697

2. Principal Place of Business

2495 SW 82 AVE #104

3. Mailing Address

10440 GOLDEN EAGLE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

PLANTATION, FL

4. FEI Number

03-0454281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN JAGUET

Street Address (P.O. Box Number is Not Acceptable)

2495 SW 82 AVE, STE 104

City

DAVIE

FL

Zip Code

33324

DO NOT WRITE
IN THIS SPACE

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 resigning)

DATE

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: PRESIDENT
 NAME: BRADLEY GREEN
 STREET ADDRESS: 2495 SW 82 AVE STE 104
 CITY - ST - ZIP: DAVIE, FL 33324

TITLE: VICE PRESIDENT
 NAME: MICHELE JAGUET
 STREET ADDRESS: 2495 SW 82 AVE STE 104
 CITY - ST - ZIP: DAVIE, FL 33324

TITLE: SECRETARY
 NAME: DARYL STAIR
 STREET ADDRESS: 10440 GOLDEN EAGLE CT
 CITY - ST - ZIP: PLANTATION, FL 33324

TITLE: DIRECTOR
 NAME: STEVEN STAIR
 STREET ADDRESS: 10440 GOLDEN EAGLE CT
 CITY - ST - ZIP: PLANTATION, FL 33324

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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: DALS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2002

954-452-0300

CR2E034B (1/2/01)