

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90208 023 ***158.75

DOCUMENT # P01000110348

1. Entity Name

DEVYN'S DELITES, INC.

Principal Place of Business

Mailing Address

475 TEQUESTA DR., #10
 TEQUESTA FL 33469

475 TEQUESTA DR., #10
 TEQUESTA FL 33469

2. Principal Place of Business

9216 SE Bridge Rd.

3. Mailing Address

same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound

City & State

FL 33455

Zip

33455

Country

USA

Zip

Country

4. FEI Number

59-3758231

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRAMS, DANIEL J ESQ

1645 PALM BEACH LAKES BLVD., STE. 1050

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Randi Drylie

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

9216 SE Bridge Rd.

Hobe Sound

City

FL

Zip Code

33455

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] Randi Drylie PRES.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DRYLIE, RANDI	
STREET ADDRESS	475 TEQUESTA DR., #10	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DRYLIE RANDI Pres. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9216 SE Bridge Rd.	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE	Stan checker Kevin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec. TRCS	
STREET ADDRESS	9216 SE Bridge Rd.	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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]* Randi Drylie Pres. 4/25/02 772-545-3579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #