

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90082 007 ***150.00

DOCUMENT # P02000070170

1. Entity Name
MICHAEL DEVITO DESIGN, INC. *



*SEE ADDRESS CHANGE

Principal Place of Business
~~3636 OLDE COTTAGE LANE~~
BONITA SPRINGS FL 34134
24840 BURNT PINE DRIVE-SUITE 5

Mailing Address
~~3636 OLDE COTTAGE LANE~~ SAME
BONITA SPRINGS FL 34134



2. Principal Place of Business
24840 BURNT PINE DR.

3. Mailing Address
24840 BURNT PINE DR.

Suite, Apt. #, etc.
SUITE 5

Suite, Apt. #, etc.
SUITE 5

City & State
BONITA SPRINGS

City & State
BONITA SPRINGS

Zip
34134

Country
LEE

Zip
34134

Country
LEE

4. FEI Number
75-3068095

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

DEVITO, MICHAEL OK - CORRY - THIS
~~3636 OLDE COTTAGE LANE~~ ADDRESS IS
BONITA SPRINGS FL 34134 MY RESIDENCE.

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: *Michael Devito*

1/6/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEVITO, MICHAEL
3636 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael Devito* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/03

239.287.6225

Date

Daytime Phone #

CR2E034 (10/02)