

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000117041

FILED
May 01, 2003
Secretary of State

Entity Name: DIVINE DEVELOPMENT CORPORATION

Current Principal Place of Business:

2101 N AUSTRALIAN AVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2101 N AUSTRALIAN AVE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 61-1430565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, STEVE
2101 N AUSTRALIAN AVE
WEST PALM BEACH, FL 33407

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAY, HAROLD
Address: 11771 LITTLESTONE CT
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: RAY, BRENDA
Address: 11771 LITTLESTONE CT
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: HAMILTON, EARL
Address: 8024 VIA HACIENDA
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: MINOR, DONALD
Address: 614 EXECUTIVE CENTER DR #4103
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD RAY

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date