

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90283 010 \*\*\*150.00

**DOCUMENT # P95000056452**

1. Entity Name  
**DEVON POINT CORPORATION**

Principal Place of Business Mailing Address  
**1402 EAST LAS OLAS BLVD. #911 FT. LAUDERDALE FL 33301** **1402 EAST LAS OLAS BLVD. #911 FT. LAUDERDALE FL 33301-2336**

2. Principal Place of Business 3. Mailing Address  
**1314 E. Las Olas Blvd** **1314 E. Las Olas Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 1026** **# 1026**

City & State City & State 4. FEI Number Applied For  
**Ft. Lauderdale FL** **Ft. Lauderdale FL** **65-0594980**  Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
**33301 U.S.A.** **33301 U.S.A.**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**LUCAS, ALLISON R**  
**1402 E. LAS OLAS BLVD., #911**  
**FT. LAUDERDALE FL 33301**  
 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.  
 SIGNATURE Allison R. Lucas Allison R. Lucas 1/7/2000  
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCAS, ALLISON R</b>	NAME	
STREET ADDRESS	<b>1402 EAST LAS OLAS BLVD., #911</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Allison R. Lucas 1/7/2000 954-767-6462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)