

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90244 007 ***150.00

DOCUMENT # P95000056452

1. Entity Name
DEVON POINT CORPORATION

Principal Place of Business 1314 E LAS OLAS BLVD #1026 FT. LAUDERDALE FL 33301	Mailing Address 1314 E LAS OLAS BLVD #1026 FT. LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3200 N. Ocean Blvd. Suite, Apt. #, etc. # 303	3. Mailing Address 3200 N. Ocean Blvd Suite, Apt. #, etc. # 303
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City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL
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4. FEI Number 65-0594980	Applied For <input type="checkbox"/> Not Applicable
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Zip 33301	Country U.S.A	Zip 33301	Country U.S.A
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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

LUCAS, ALLISON R
 1402 E. LAS OLAS BLVD., #911
 FT. LAUDERDALE FL 33301

Name Allison Forsyth-Lucas
Street Address (P.O. Box Number is Not Acceptable) 3200 N. Ocean Blvd.
303
City Ft. Lauderdale FL
Zip Code 33308

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* DATE: 1/15/2001

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, 2001 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 NAME P LUCAS, ALLISON R	<input type="checkbox"/> Delete
STREET ADDRESS 1402 EAST LAS OLAS BLVD., #911	
CITY-ST-ZIP FT. LAUDERDALE FL 33301	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME Allison Forsyth-Lucas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3200 N. Ocean Blvd # 303	
CITY-ST-ZIP Ft. Lauderdale FL 33308	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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* DATE: 1/15/2001 DAYTIME PHONE #: 954-390-6360

UBR 1.000

CR2E034 (10/00)