

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 004 ***550.00

DOCUMENT # **P96000027517**

1. Entity Name
DEVONSHIRE INVESTMENTS, INC.

Principal Place of Business 3101 MAGUIRE BLVD STE 101 ORLANDO FL 32803 US	Mailing Address 3101 MAGUIRE BLVD 101 ORLANDO FL 32803 US
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AU072347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business JACK Foster Suite, Apt. #, etc. 312 ORTMANN DR City & State ORLANDO FL Zip 32805 Country ORANGE	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3369568	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HOEQUIST, CHARLES E
3101 MAGUIRE BLVD, #101
SUITE 167
ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name
Foster JACK
 Street Address (P.O. Box Number is Not Acceptable)
312 ORTMANN DR
 City
Orlando FL Zip Code
32805

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 *Jack L. Foster* (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, JACK L 312 ORTMANN DRIVE ORLANDO FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOEQUIST, CHARLES E 3101 MAGUIRE BLVD 101 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack L. Foster*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/00)