

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027517

1. Entity Name

DEVONSHIRE INVESTMENTS, INC.

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

08-15-2000 90006 004 \*\*\*550.00

Principal Place of Business

3101 MAGUIRE BLVD  
STE 101  
ORLANDO FL 32803  
US

Mailing Address

~~3101 MAGUIRE BLVD  
101  
ORLANDO FL 32803  
US~~

A0072347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*JACK Foster*  
Suite, Apt. #, etc.  
*312 Ortman Dr*  
City & State  
*Orlando FL*  
Zip  
*32805* Country  
*ORANGE*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3369568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 Ortman 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*

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 \$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	PD	<input type="checkbox"/> Delete
NAME	FOSTER, JACK L	
STREET ADDRESS	312 ORTMANN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOEQUIST, CHARLES E	
STREET ADDRESS	3101 MAGUIRE BLVD 101	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

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

Date

Daytime Phone #

CR2E034 (5/00)