

2001 UNIFORM BUSINESS REPORT (UBR)

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0106680

DOCUMENT # P96000087891

1. Entity Name
DEVON HOUSING 2 INC

FILED

01 MAY -3 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
348 Summerville Ln
Sanford FL 32771

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3406396 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00-01

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Yvonne Tracey
348 Summerville Ln
Sanford, FL 32771

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 Yvonne Tracey
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-01

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, 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	D	<input type="checkbox"/> Delete
NAME	OWEN TRACEY	
STREET ADDRESS	P.O. BOX 277	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	YVONNE TRACEY	
STREET ADDRESS	50 NE 213TH ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN TRACEY	
STREET ADDRESS	50 NE 213TH ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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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	500004275075--7
CITY-ST-ZIP	-05/21/01--01197--005
	***300.00 ***300.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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; that I am 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 information empowered.

SIGNATURE: Yvonne Tracey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

Daytime Phone #

CR2E034 (10/00)

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DEVON HOUSING 2 INC.

p.o.box 277
Osteen .FL. 32764

4 - 24-01

FLORIDA DEP. OF STATE
DIVISION OF CORPORATIONS
P.O.Box 6327
TALLAHASSEE.FL.32314

Sir/Madam,

I wished to inform you that, I did not received the 2000 uniform business report documents for filing .I am hereby asking that you accept this late filing along with fees ,and in the future please send all mails to my post office box as follows;

DEVON HOUSING 2 INC.,
C/O OWEN TRACEY
P.O.BOX 277
OSTEEN.FL. 32764

Sincerely ,

Owen Tracey

OWEN TRACEY (President)

pg 3 of 3

Yvonne Tracey, Director
Devon Housing 2, Inc.
348 Summerville Lane
Sanford, FL 32771

April 4, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Annual Report, Reg. # P96000087391

Dear Sir or Madam:

We write to you to request that you consider our Company for Reinstatement. Our new Accountant informed us that our Company had been dissolved. This was as a surprise to us since my father, Mr. Owen Tracey was certain of having sent the Uniform Business Report with the annual fee of \$150.00. He may have forgotten to do so. He is advanced in age and seems to be forgetting or confusing things.

We respectfully ask that you accept our fees for the years 2000 and 2001 and reinstate our Company. We have made the proper changes to avoid this problem from repeating itself again.

Again, we ask for your consideration. This was an unintentional mistake that we will not repeat again. We thank you in advance for your cooperation and consideration.

Sincerely,


Yvonne Tracey, Director