

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91167 001 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000087891**

1. Entity Name

**DEVON HOUSING 2, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**348 SUMMERVILLE LN**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SANFORD FL**

City & State

4. FEI Number

**59-3406396**

Applied For

Not Applicable

Zip

**32771**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**TRACEY, YVONNE**

Street Address (P.O. Box Number is Not Acceptable)

**348 SUMMERVILLE LANE**

City

**SANFORD**

FL

Zip Code

**32771**

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)

DATE

**4/15/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**D  
TRACEY, OWEN  
PO BOX 277  
OSTEEN FL 32764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
TRACEY, YVONNE  
50 NE 213TH ST  
MIAMI FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
TRACEY, NORMAN  
50 NE 213TH ST  
MIAMI FL 33169**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yvonne Tracey*

Date

**4/15/02**

Daytime Phone #

**(305)  
762-6227**

CR2E034B (12/01)