## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700052462

1. Entity Name

B.L. DEVCO, INC.

Principal Place of Business

Mailing Address

2190 J & C BLVD. NAPLES FL 34109

CITY-ST-ZIP

2190 J & C BLVD. NAPLES FL 34109-2001

## 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3469012 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CECIL, W. JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL N., STE. 400 NAPLES FL 34103 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE MULIERSHAD, STEVEN J. MULLERSMAN, STEVE NAME ZIGO I FC BUD. STREET ADDRESS 2190 J & C BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 LAPIES 干∟ ☐ Addition ☐ Defete TITLE MASON-BRIGHI, MONICA L NAME MASON, MONICA L NAME 2190 J & C BLVD. STREET ADDRESS 回190 しゅう 即し合 STREET ADDRESS NAPIES, FL 34109 CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP Change Addition | \_\_\_ Delete TITI F TITLE MASON, LOSEPH L. MASON, JOSEPH L NAME NAME 2190 J & C BLVD. STREET ADDRESS STREET ADDRESS NAPIES FL 34109 NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Photos #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90017 005 \*\*\*150.00