

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000545

1. Entity Name

D.E.V. MARKETING CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90022 047 ***150.00

Principal Place of Business

Mailing Address

620 LAVERS CIR
#128
DELRAY BEACH FL 33444

620 LAVERS CIR
#128
DELRAY BEACH FL 33444-7954

2. Principal Place of Business

3. Mailing Address

620 Lavers Cir
#128

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Same

Zip
33444

Country
Palm Beach

Zip

Country

4. FEI Number

650816773

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Active

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EICHHORN, RICHARD P
611 LAVERS CIR #196
DELRAY BEACH FL 33444

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

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 \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P EICHORN
EICHORN, RICHARD
620 LAVERS CIR #128
DELRAY B CH FL 33444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP EICHORN
EICHORN, EVELYN
620 LAVERS CIR #128
DELRAY BCH FL 34444

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Richard P. Eichhorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
Date

561-995-9770
Daytime Phone #

CR2E034 (9/99)