

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000545

1. Entity Name

D.E.V. MARKETING CORP.

FILED

Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90026 012 \*\*\*150.00

Principal Place of Business

Mailing Address

620 LAVERS CIR  
#128  
DELRAY BEACH FL 33444

620 LAVERS CIR  
#128  
DELRAY BEACH FL 33444

2. Principal Place of Business

4401 CRYSTAL LAKE DR.

3. Mailing Address

4401 CRYSTAL LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

DEERFIELD BEACH, FL

DEERFIELD BEACH, FL

Zip

Country

Zip

Country

33064

USA

33064

USA

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, 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: P EICHHORN  
NAME: EICHHORN, RICHARD  
STREET ADDRESS: 620 LAVERS CIR #128  
CITY-ST-ZIP: DELRAY B CH FL 33444

☐ Delete

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

TITLE: V P EICHHORN  
NAME: EICHHORN, EVELYN  
STREET ADDRESS: 620 LAVERS CIR #128  
CITY-ST-ZIP: DELRAY B CH FL 33444

☐ Delete

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☐ 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

Date

2/16/01 954-

Daytime Phone #

CR2E034 (10/00)