

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045851

1. Entity Name

Devon-Somerset, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90052 042 ***150.00

Principal Place of Business

5010 Bayshore Blvd.

Tampa, FL 33611

Mailing Address

5010 Bayshore Blvd.

Tampa, FL 33611

2. Principal Place of Business

c/o Margaret O'Malley

Suite, Apt. #, etc.

5010 Bayshore Blvd. #4

City & State

Tampa, FL

3. Mailing Address

c/o Margaret O'Malley

Suite, Apt. #, etc.

5010 Bayshore Blvd., #4

City & State

Tampa, FL

4. FEI Number

59-3526619

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Intrastate Registered Agent Corp.

701 Brickell Ave., Suite 3000

Miami, FL 33131-3209

7. Name and Address of New Registered Agent

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 PDC ☐ Delete
NAME Hollingsworth, James
STREET ADDRESS 7528 Easton Road
CITY-ST-ZIP Ottsville, PA 18942

TITLE VTSD ☐ Delete
NAME O'Malley, Margaret
STREET ADDRESS 5010 Bayshore Blvd., #4
CITY-ST-ZIP Tampa, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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 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:

Margaret W. O'Malley, V.P.

Date

Daytime Phone #

4/27/00 (813) 227-6647

CR2E034 (9/99)