

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102599

1. Entity Name
DEVILLO'S ENTERPRISES INC.

P

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90017 050 ***150.00

Principal Place of Business

10871 RUDEN ROAD
FT. MYERS FL 33917

Mailing Address

10871 RUDEN ROAD
FT. MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVILLO, STEPHEN P
10871 RUDEN ROAD
FT. MYERS FL 33917

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **DEVILLO, SHARON M**
STREET ADDRESS **10871 RUDER RD**
CITY-ST-ZIP **FORT MYERS FL 33917**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sharon M. Devillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/2000

Daytime Phone #

CR2E034 (5/00)

To Whom It May Concern,

Enclosed please find my
check in the amount of \$150.00,
fee for Uniform Business Report.

~~As per my conversation with a~~
representative at your office. I
called because I had received
a second notice, with fee of \$550.00,
I had not received a first notice
and because of my ignorance of
the requirements. I was not aware of
the fee being due.

Your consideration in this matter will
be greatly appreciated.

Thank You,

Sharon Wells