

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90348 012 ***150.00

CR2E034 (10/02)

DOCUMENT # P99000017969

1. Entity Name

OLIVIA DEVONMILLE MEDIATION, INC.



Principal Place of Business
2230 SILVER SANDS COURT
VERO BEACH FL 32963

Mailing Address
2230 SILVER SANDS COURT
VERO BEACH FL 32963

2. Principal Place of Business

310 Legend Trail

3. Mailing Address

310 Legend Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Indian River Shores, FL

City & State
Indian River Shores, FL

4. FEI Number
65-0895796

Applied For
Not Applicable

Zip
32963

Country
USA

Zip
32963

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEONARD, LAWRENCE Y
817 BEACHLAND BLVD.
VERO BEACH FL 32964-3406

7. Name and Address of New Registered Agent

Name **Olivia Devonmille**
Street Address (P.O. Box Number, Not Acceptable)
310 Legend Trail
City **Indian River Shores FL** Zip **32963**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Olivia Devonmille, President (Olivia Devonmille)**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEVONMILLE, S O**
STREET ADDRESS **2230 SILVER SANDS COURT**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Olivia Devonmille** **Olivia Devonmille**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (772) 519-1000

Date

Daytime Phone #