## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 24, 2002 8:00 am 🖁 DOCUMENT # P99000028174 **Secretary of State** 1. Entity Name 03-24-2002 90040 045 \*\*\*150.00 DEVONSHIRE MANAGEMENT, INC. Principal Place of Business Mailing Address 210 THORNTON DRIVE 7100-39 FAIRWAY DR. 00046006 PALM BEACH GARDENS FL 33418 PMR-213 PALM BEACH GARDENS FL 33418 7931 WSODSMUIR DR. WEST PALM BEACH 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, IRA R Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18 AVE STE 225 MIAMI BEACH FL 33162 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) Change TITLE TITLE ☐ Addition Delete DAVIO NAME NAME SENECAL, SENECAL, DAVID NEW ADDRESS 7931 WOODSMUIR OR. STREET ADDRESS 210 THORTON DR STREET ADDRESS CITY-ST-ZIP PALM-BEACH GARDENS FL 33418 CITY-ST-ZIP WEST PALM BEACH TITLE ☐ Delete TITLE ☐ Addition CATHERINE SENECAL. NAME NAME SENECAL, CATHERINE NEW ADDRESS STREET ADDRESS STREET ADDRESS 210 THORNTON DR 7931 WOODSMUIR CITY-ST-ZIP - -33412 PALM BEACH GARDENS FL 33418 CITY-ST-7IP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**