

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90175 021 ***150.00

A0067080

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000030525
1. Entity Name
DEVLYN INDUSTRIES CORPORATION**Principal Place of Business** **Mailing Address**
605 LOTUS LANE
SARASOTA, FL. 34242**2. Principal Place of Business** **3. Mailing Address**
SAME AS ABOVE
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Zip **Country** **Zip** **Country****4. FEI Number** 65-0913876 **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**
MR. LYNN R. SILCOTT **Name** SAME
SAME AS ABOVE **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 MR. LYNN R SILCOTT PRES. **DATE** 4-27-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Lynn R. Silcott **DATE** 4-27-01 941-349-5571
Signature and typed or printed name of signing officer or director

CR2E034 (11/00)