

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 18, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000098392****1. Entity Name**
DEVORE & ASSOCIATES, INC.

Principal Place of Business 1011 CENTER LAKE BURRELL DRIVE LUTZ FL 33549	Mailing Address 1011 CENTER LAKE BURRELL DRIVE LUTZ FL 33549
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2. Principal Place of Business 17718 CRYSTAL COVE PLACE	3. Mailing Address 17718 CRYSTAL COVE PLACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LUTZ FL	City & State LUTZ FL
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Zip 33549	Country	Zip 33549	Country
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4. FEI Number 65-0960612	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DEVORE JAMES AJR**
1011 CENTER LAKE BURRELL DRIVE**LUTZ FL 33549****7. Name and Address of New Registered Agent****Name**
DEVORE JAMES AJR
Street Address (P.O. Box Number is Not Acceptable)
17718 CRYSTAL COVE PLACE**City**
LUTZ FL Zip Code 33549**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)

08/18/2000

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEVORE JAMES AJR 17718 CRYSTAL COVE PLACE LUTZ FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** James A. DeVore, Jr.

Pres. 08/18/2000