2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # V27186							Apr 16, 2002 8:00 am Secretary of State						
DEVILLE CUSTOM HOMES, INC.										, 53 030 ***			
Principal Plac	Mailing Address												
SUITE 162	WICKHAM RO	AU	6055 NORTH WICKHAM ROAD SUITE 162										
MELBOURNE	FL 32940		MELBOURNE FL 32940										
2. Principal F 6300 /V	/ -	ess CCHAM ROAD	3. Mailing Address 6300 NoMH Wickson ROAO			امدرو	† 1 56 11		PI (18 B1 18)19 B1] B:B B B B G	.,	an erkit taat .	
Suite, Apt.	#, etc.	GCHAMI ROHD	Suite, Apt. #, etc.			une	DO NOT WRITE IN THIS SPACE						
SuitE City & Stat		.	Su/TE /30 City & State				4. FEI Number 50 0444040 Applied For						
Mereo		FL	HELBOURNE, FL				4. FEI NUITIL	⁶ 59-31	14240			Applicable	
Zip	. 7	Country	Zip 32940	Country	•		5. Certificate	of Status De	esired [5 Addi		
32940		BLEVALD and Address of Current		See	VARD		7. Name and	d Address o	f New Regis		equired	<u>'</u>	
Name												-	
Liguori, 1805 old		Street Address (P.O. Box Number is Not Acceptable)											
	RNE FL 329		/38			38 <u>E</u>	BALLOW AVENUE						
				_ [City C	oco	A BEA	RH		FL Z	p Code	731	
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 DENS YOURS Signature, typed or printed name cylegistered agent and trile 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). Tax filing requirement and elects to do so.					III be \$55	0.00	Tr	ection Camp ust Fund Co	-			May Be to Fees	
11.	1	OFFICERS AND		12.		000	ADDITIONS		TO OFFICER	RS AND DIRE			
TITLE NAME	P Liguori,	GENE	☐ Delete	TITLE NAME		inci	ingi GE	NE		🗔 व	nange	Addition	
STREET ADDRESS 3515 SHADY RUN RD			STREET ADDRESS / 34			138	BARLOW AVENUE						
CITY-ST-ZIP		NE FL 32940		CITY-S	T-ZIP	COCO	A BEACH	1, FL	32931				
TITLE NAME	P LIGUORI,	GENE	□ Delete	TITLE NAME						☐ Cf	nange	Addition	
STREET ADDRESS	130 BARL	OW AVE		STREET	ADDRESS							1	
CITY-ST-ZIP		EACH FL 32931		CITY-S	+								
TITLE ► + . NAME	Array (C.) Agricus	A PM -	— -c Delete -	TITLE -	-		-		- : - : -	, _ , [_] Ur	iange	Addition	
STREET ADDRESS		•			ADDRESS			•					
CITY-ST-ZIP			Delete	CITY-ST	T-ZIP			 				Addition	
NAME			LJ Delete	NAME						٠,	ango		
STREET ADDRESS CITY-ST-ZIP	}			STREET CITY-ST	ADDRESS							}	
TITLE			Delete	TITLE	1-211			··			nange	Addition	
NAME	· .		La bolote	NAME						.	<u>-</u> -		
STREET ADDRESS CITY-ST-ZIP				STREET CITY-ST	ADDRESS T-ZIP							}	
TITLE			Delete	TITLE							nange	Addition	
NAME				NAME									
STREET ADDRESS CITY-ST-ZIP				CITY-ST	T-ZIP								
13. hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							0	4-02-0	2	32125		57	
		SIGNATURE AND TYPED OF P	HINTED NAME OF SIGNING OFFICER O	R DIRECTOR	R			Date		Daytime Ph	ione #		