

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37128

1. Entity Name

McDevitt & Sons, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 12:17

12630

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2126 W. LAND STREET RD. 2126 W. LAND STREET RD
ORLANDO, FL 32809 ORLANDO, FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3109508

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

McDevitt, William M.
2126 W. LAND STREET RD
ORLANDO, FL 32809

Name SPAR as previous

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

W. M. McDevitt

10/8/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and effects 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 State10. 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

PRESIDENT
William M. McDevitt
2126 W. LAND STREET RD. STE 100
ORLANDO FL 32809TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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STREET ADDRESS
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.

SIGNATURE: W. M. McDevitt

10/8/01

x4078598788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD