

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0100871 AV

DOCUMENT # **V37128**

1. Entity Name
MCDEVITT & SONS, INC.

03-29-2002 91428 047 ***150.00

Principal Place of Business 2126 W. LANDSTREET ROAD ORLANDO FL 32809	Mailing Address 2126 W. LANDSTREET ROAD ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2126 W. Landstreet Road Suite, Apt. #, etc. # 900	3. Mailing Address 2126 W. Landstreet Road Suite, Apt. #, etc. # 900
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City & State ORLANDO, FL	City & State ORLANDO FL	4. FEI Number 11-3109508	Applied For <input type="checkbox"/> Not Applicable
Zip 32809	Country USA	Zip 32809	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MCDEVITT, WILLIAM M 2126 W. LANDSTREET ROAD ORLANDO FL 32809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *WM McDevitt pres.* x **3/15/02**
Signature of officer or printed name of registered agent and title 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. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	PCEO MCDEVITT, WILLIAM 2126 W. LANDSTREET ROAD ORLANDO FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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, which other like empowered.

SIGNATURE: *William McDevitt* x **3/15/02** 407-859-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)