

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90167 001 ***150.00

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DOCUMENT # 167513

1. Entity Name
DEVCON INTERNATIONAL CORP.



Principal Place of Business
**1350 E NEWPORT CENTER DRIVE
SUITE 201
DEERFIELD BEACH FL 33442-7779**

Mailing Address
**1350 E NEWPORT CENTER DRIVE
SUITE 201
DEERFIELD BEACH FL 33442-7779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0671992**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZIROLLA, BEVERLY
1350 E. NEWPORT CENTER DRIVE
SUITE 201
DEERFIELD BEACH FL 33443**

7. Name and Address of New Registered Agent

Name **Janett McMillan**
Street Address (P.O. Box Number is Not Acceptable)
1350 E. Newport Center Drive
Suite 201
City **Deerfield Beach** **FL** Zip Code **33443**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, DONALD L., JR.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORNSBY, RICHARD L.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OBENAUF, HENRY C.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NORELID, JAN A	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZIROLLA, BEVERLY E.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, DONALD L. III	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin M. Smith	
STREET ADDRESS	1350 E Newport Center Dr.	
CITY-ST-ZIP	Deerfield Beach FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janett McMillan	
STREET ADDRESS	1350 E Newport Center Dr.	
CITY-ST-ZIP	Deerfield Beach Fl.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/7/03** Daytime Phone #

CR2E034 (10/02)