

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90555 043 ****61.25

DOCUMENT # 712878

1. Entity Name
MANATEE RIVER PRAM FLEET, INC.



Principal Place of Business
**1301-6TH AVE W
STE 600
BRADENTON FL 34205
US**

Mailing Address
**1301-6TH AVE W
STE 600
BRADENTON FL 34205
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-6151488**
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUBB, JOYCE
~~1202 SANTIAGO DR.
BRADENTON FL 34209~~**

Name
Grubb, Joyce
Street Address (P.O. Box Number is Not Acceptable)
4117 Pompano Lane
City
Palmetto FL Zip Code
34221

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIEM, ED	
STREET ADDRESS	6888 POINSETTA ST	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSE, GAIL	
STREET ADDRESS	611 89TH ST NW	
CITY-ST-ZIP	BRADENTON FL-34209	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRUBB, JOYCE	
STREET ADDRESS	4117 POMPANO LANE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNOWLES, PATTI	
STREET ADDRESS	116 NORTH 28TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBITS, SUSAN	
STREET ADDRESS	1629 54TH AVE BLVD W	
CITY-ST-ZIP	PALMETTO, FL- 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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 617, 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]* 01/24/2003 813.224.5217

CR2E037 (10/02)