2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38440 May 01, 2000 8:00 am Secretary of State 1. Entity Name RIVER OF LIFE, INC. 05-01-2000 90019 021 ****61.25 Principal Place of Business Mailing Address P O BOX 324 P O BOX 324 DOCTOR'S INLET FL 32030 DOCTOR'S INLET FL 32030-0324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3031947 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RYAN, SHEILAH J. 2755 D. COUNTY ROAD #220 DOCTORS INLET FL 32030 City Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW: -9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State . FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition RYAN, GLENN W., JR. NAME NAME 2755-D COUNTY RD 220 STREET ADDRESS STREET ADDRESS DOCTORS INLET FL 32030 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE RYAN, SHEILAH J. 2755 D. COUNTY RD. 220 STREET ADDRESS STREET ADDRESS DOCTORS INLET FL 32030 CITY-ST-ZIP CITY-ST-ZIP DV ☐ Change TITLE ☐ Delete TITLE Addition RYAN, GLENN W., SR. NAME NAME 2755-A COUNTY RD 220 STREET ADDRESS STREET ADDRESS DOCTORS INLET FL 32030 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE: AND TYPED OR PRINTEY PAGE OF SIGNING OFFICER OR DIRECTOR W. RY9 NJr. 4/20/00 (904) 272-3433

changed, or on an attachment with an address, with all other like empowered

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