

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 050 ***150.00

0570573 AV

DOCUMENT # P98000031513

1. Entity Name
BOYS OF 7 RIVERS, INC.



Principal Place of Business
**33 N. SHADOW WOOD DRIVE
INVERNESS FL 33450**

Mailing Address
**33 N. SHADOW WOOD DRIVE
INVERNESS FL 33450**

11040901



2. Principal Place of Business

3. Mailing Address

P.O BOX 1327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
HERNANDO FL

4. FEI Number
59-3501410

Applied For
 Not Applicable

Zip

Country

Zip
34442

Country
U.S.A.

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

**ABEL, ERIC D ESQ
74 W. CHASE STREET
HERNANDO FL 34442**

Name
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. 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 \$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	D	<input type="checkbox"/> Delete
NAME	TOBIASSEN, ROY	
STREET ADDRESS	33 N. SHADOW WOOD DRIVE	
CITY-ST-ZIP	INVERNESS FL 33450	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, GLENN N	
STREET ADDRESS	1183 N. MEDITERRANEAN WAY	
CITY-ST-ZIP	INVERNESS FL 33453	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOX, DALE	
STREET ADDRESS	2250 N. WATERSEDGE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)