2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 257057

FILED Jan 08, 2003 Secretary of State

Entity Name: THE PACKERS OF INDIAN RIVER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
2202 12TH	HAVE.			
VERO BC	H., FL 3296053	311		
Current Mailing Address:		New Mailing Address:		
P.O. BOX FT. PIERC	12969 DE, FL 3497929	969 US		
FEI Number	: 59-0953527	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
5700 W M	, JAMES L IDWAY ROAD CE, FL 34981	US		
	e named entity s e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the library is sta		ed office or registered agent, or both, Date
in the Stat	e of Florida. RE: Electron			
in the Stati	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	
in the Stati	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete ES L. III, PALM RD.	ent	Date
in the Stati SIGNATU Election Car OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC STD () ROGERS, JAME 200 COCONUT VERO BCH., FL	ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete ES L. III, PALM RD. 32963 US Delete E ROGERS, LIFF DR.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L ROGERS III STD 01/08/2003