

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90004 041 ****61.25

0014533

DOCUMENT # 736577

1. Entity Name

PEACE RIVER MAINTENANCE INC.



Principal Place of Business

Mailing Address

LIVINGSTON STREET
 P.O. BOX 2969
 ARCADIA FL 33821

LIVINGSTON STREET
 P.O. BOX 2969
 ARCADIA FL 34266
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2413352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MAXWELL, SUE ELLEN
4981 N.W. NORTH ROAD
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name **TIMOTHY P. LAVALLE**

Street Address (P.O. Box Number is Not Acceptable)
1807 NW GOATHILL DR

City **ARCADIA**

FL

Zip Code **34266**

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 **TIMOTHY P. LAVALLE**
Timothy Lavalle - PRES.

7-20-01

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	BOERMA, BOB	
STREET ADDRESS	5109 S.W. 86 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	4224 N W NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, STEVE	
STREET ADDRESS	1439 N.W. FARRENS DRIVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, DAVID	
STREET ADDRESS	1811 N.W. 54 AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEINLEIN, WALTER	
STREET ADDRESS	3684 N.W. SOUTHFORK ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, SUE ELLEN	
STREET ADDRESS	4981 N.W. NORTH ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFFORD, THOMAS	
STREET ADDRESS	4152 NW NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILL, RICK	
STREET ADDRESS	1442 NW FARRENS DR	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUROSKO, JOHN	
STREET ADDRESS	123 SHAMROCK BLVD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVALLE, TIMOTHY	
STREET ADDRESS	1807 NW GOATHILL DR	
CITY-ST-ZIP	ARCADIA FL 34266	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **TIMOTHY P. LAVALLE**
Timothy Lavalle

7-20-01 (863) 494-0988

CR2E037 (5/01)