

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90035 008 ***150.00

DOCUMENT # H66177

1. Entity Name
PEACE RIVER WARRIORS, INC.



Principal Place of Business
**3812 BERMUDA COURT
PUNTA GORDA FL 33950**

Mailing Address
**3812 BERMUDA COURT
PUNTA GORDA FL 33950**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2635269**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JAMES, BONELLO
3812 BERMUDA CT
PUNTA GORDA FL 33950**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	BENOCK, GERALD	2187 PETERBOROUGH RD.	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
D	ANDREAE, NANCY	3819 SAN LORENZO DR	PUNTA GORDA FL	<input checked="" type="checkbox"/>
SD	FERO, TOM	3394 DECK STREET	PORT CHARLOTTE FL	<input type="checkbox"/>
D	BONELLO, JAMES	3872 BERMUDA CT	PUNTA GORDA FL 33950	<input type="checkbox"/>
D	FOLIART, GEORGE M	14552 MAJESTIC EAGLE CT	FT MYERS FL	<input checked="" type="checkbox"/>
PD	TAMBASCO, ERNIE	118 HIBISCUS DR.	PUNTA GORDA FL 33950	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	RATLIFF, TOM	1371 VIA MILANese	PUNTA GORDA FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Rasmussen, WAYNE	423 SAN CARLOS DR	PUNTA GORDA FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Feld, TOM	3378 DECK ST.	PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Bonello, James	3812 BERMUDA CT	PUNTA GORDA FL 33950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Kenneth Kayser	2622 BOB LANE DR.	PUNTA GORDA FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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 like empowered.

SIGNATURE:

JAMES BONELLO
SIGNATURE OF REGISTERED AGENT
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03 945-575-0009