


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

<b>DOCUMENT #</b> J01197				FILED 05 FEB 21 AM 10:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <i>Riverside Seafood Inc.</i>					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business <i>Thelma Inez Creamer</i> Suite, Apt. #, etc. <i>P.O. Box 462</i> City & State <i>Apalachicola Florida</i> Zip <i>32329</i> Country <i>USA</i>		3. Mailing Address <i>Thelma Inez Creamer</i> Suite, Apt. #, etc. <i>P.O. Box 462</i> City & State <i>Apalachicola Florida</i> Zip <i>32329</i> Country <i>USA</i>		DO NOT WRITE IN THIS SPACE	
		4. FEI Number <i>59-2648990</i>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent			
		Name <i>Thelma Inez Creamer</i>			
		Street Address (P.O. Box Number is Not Acceptable) <i>Ellis Van Vleet St.</i>			
		City <i>Apalachicola</i> FL Zip Code <i>32329</i>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <i>Charles W. Creamer</i> <i>Ellis Van Vleet St.</i> <i>Apalachicola FL 32329</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				300047869993 03/08/05--01008--012 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <i>Thelma I. Creamer</i> <i>Ellis Van Vleet St.</i> <i>Apalachicola FL 32329</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<b>DO NOT WRITE IN THIS SPACE</b>	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thelma Inez Creamer</i> <i>Thelma Inez Creamer</i> 2-18-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)