## **FILED** FOR PROFIT CORPORATION May 15, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L 01000009872 05-15-2002 90137 030 \*\*\*158.75 Rever Realty Development LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 510 Commercial Park DI. 1510 Commercial Vark Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE /3 City & State 4. FEI Number Applied For LA KELAND LA KELANO 59-3725645 Not Applicable Zin \$8.75 Additional Certificate of Status Desired..... Fee Required 7. Name and Address of Current Registered Agent Theodore DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1510 Commer Cial Park IN THIS SPACE Commercial 8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed in printed name of register (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE Sole Member Theodore B. Rever NAME 1510 commercial Park 01. #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKUAND Fl. 23801 CITY-ST-ZIP TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZH CITY-ST-ZIP THILE TITLE IN THIS SPACE NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CTTY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE IID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting 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 eath; 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 11 or on an

G OFFICER OR DERECTOR

(863) 667-2911

SIGNATURE: