

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90031 017 \*\*\*150.00

0037702 AV

**DOCUMENT # L73747**

1. Entity Name  
**WEKIVA RIVER CANOES, INC.**



Principal Place of Business  
**1014 MIAMI SPRINGS DRIVE  
LONGWOOD FL 32779  
US**

Mailing Address  
~~366 E. GRAVES AVE~~  
~~STE B~~  
~~ORANGE CITY FL 32763~~  
**US**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 916233**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Longwood, FL**

4. FEI Number **59-3008380**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32791**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWD, MICHAEL E**  
~~366 E. GRAVES AVE~~  
~~STE B~~  
~~ORANGE CITY FL 32763~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1014 MIAMI SPRING DR**  
City **Longwood** **FL** Zip Code **32779**

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  
**PDVP**  
**DOWD, MICHAEL E**  
**366 E GRAVES AVE, STE B**  
**ORANGE CITY FL 32763** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**WILSON, JOAN E**  
**366 E GRAVES AVE, STE B**  
**ORANGE CITY FL 32763** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **P. Signature**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-03 (407) 862-1500**  
Date Daytime Phone #

CR2E034 (10/02)