

**2001 UNIFORM BUSINESS REPORT (UBR)**

07-02-2001 90001 050 \*\*\*150.00

DOCUMENT #. P00000021522

P00000021522

1. Entity Name

Riverview Lady Inc ✓

FILED

01 SEP 10 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
11639 Boyette Rd. same  
Ste #115 & 116  
Riverview FL 33569

2. Principal Place of Business 3. Mailing Address  
11639 Boyette Road same  
Subs. Apt. #, etc. Suits, Apt. #, etc.  
Ste #115 & 116

City & State City & State  
Riverview Florida  
Zip Country Zip Country  
33569 USA

4. FEI Number Applied For  
59-3628640 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Denise Barnett  
11639 Boyette Road #115 & 116  
Riverview FL 33569

7. Name and Address of New Registered Agent  
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.

SIGNATURE Denise Barnett  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

6/22/01  
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001, Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> Delete
NAME	Denise Barnett
STREET ADDRESS	11639 Boyette Road #115 & 116
CITY- ST- ZIP	Riverview FL 33569
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Timothy Barnett
STREET ADDRESS	11639 Boyette Road #115 & 116
CITY- ST- ZIP	Riverview FL 33569
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700004596797
STREET ADDRESS	-09/18/01--01036--0
CITY- ST- ZIP	***400.00 ***400.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Barnett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/01 (813)677-9290  
Date Copying Return

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