

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90127 037 ***150.00

DOCUMENT # P00000085397

1. Entity Name
RIVERDREAM CORPORATION



Principal Place of Business
C/O BROCKE
5606 HARBOUR CIRCLE
CAPE CORAL FL 33914

Mailing Address
C/O BROCKE
5606 HARBOUR CIRCLE
CAPE CORAL FL 33914

2. Principal Place of Business
2114 S.W. 38 Terr
Suite, Apt. #, etc.

3. Mailing Address
1318 Lafayette St.
Suite, Apt. #, etc.

City & State
Cape Coral Florida
Zip
33914
Country

City & State
Cape Coral, Florida
Zip
33904
Country

4. FEI Number 65-1047028

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROCKE, KLAUS
5606 HARBOUR CIRCLE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name Thomas W. Hill
Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette St.
City Cape Coral **FL** **Zip Code** 33904

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]*
Signature, typed or printed name of registered agent and title if applicable.

Thomas W. Hill
(NOTE: Registered Agent signature required when reinstating)

1-22-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME STEINHOFF, DIRK
STREET ADDRESS RITTERGUT HEDWIGSBURG D-38324 KISSENBRUECK
CITY-ST-ZIP GERMANY

TITLE V ☐ Delete
NAME STEINHOFF, FRIEDERICKE
STREET ADDRESS RITTERGUT HEDWIGSBURG
CITY-ST-ZIP GERMANY

TITLE D ☐ Delete
NAME HILL, THOMAS W
STREET ADDRESS 1318 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *[Signature]* **THOMAS W. HILL** *1-22-03* *239-549-2444*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)