


FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90057 008 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000007960																										
1. Entity Name INDIAN RIVER PROVISIONS, INC.																										
Principal Place of Business 215 MARLIN DR MERRITT ISLAND, FL 32952		Mailing Address P. O. BOX 540865 MERRITT ISLAND, FL 32954-0865																								
2. Principal Place of Business		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
4. FEI Number 58-3681494		Appraised For Not Applicable																								
5. Certificate of Status Declared: <input type="checkbox"/> \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent LEMBO, PAMELA D 215 MARLIN DR MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent																								
NAME		NAME																								
STREET ADDRESS (P.O. Box Number is Not Acceptable)		STREET ADDRESS (P.O. Box Number is Not Acceptable)																								
CITY		CITY																								
FL		FL																								
Zip Code		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. I am familiar with, and accept the obligations of registered agent.																										
SIGNATURE _____ DATE _____																										
Signature, specify printed name of registered agent and title if applicable. (NONE: Registered Agent Signature Registration Number)																										
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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 fees empowered.																										
SIGNATURE: <u>Pamela D. Lembo</u>		Date: <u>7/18/03</u> (321) <u>452-2930</u>																								

CFR2034 (1/02)