FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057496

1. Entity Name
EAVES ENTERPRISES INC. D/B/A
NORTH RIVER VALLEY FARM.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
148 SW OLYMPIC PL.
City-State
FORT WHITE
City & State
FORT WHITE FL.
Zip 32038 Country COLUMBIA

3. Mailing Address
SAME
City & State
Zip Country

4. FEI Number
57-1048557
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
WILLIAM C. EAVES
Street Address (P.O. Box Number is Not Acceptable)
148 SW OLYMPIC PL.
City FORT WHITE FL Zip Code 32038

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 my position as registered agent.

SIGNATURE: William C. Eaves

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

Title PRESIDENT	
Name ROSE M. EAVES	
Address 148 SW OLYMPIC PL.	
City-State-Zip FORT WHITE FL 32038	
Title SECRETARY/TREASURER	
Name WILLIAM C. EAVES	
Address 148 SW OLYMPIC PL.	
City-State-Zip FORT WHITE FL 32038	
Title	
Name	
Address	
City-State-Zip	
Title	
Name	
Address	
City-State-Zip	
Title	
Name	
Address	
City-State-Zip	

CR2E034B (12/02)

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 I am aware of the penalties for making false or fraudulent statements with respect to this report.

SIGNATURE: William C. Eaves WILLIAM C. EAVES SECRETARY/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR