


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0162631 AV

DOCUMENT # P01000061226	
1. Entity Name RIVER FOREST SERVICES, INC.	

FILED
03 MAY -6 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021	Mailing Address 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021
--	--



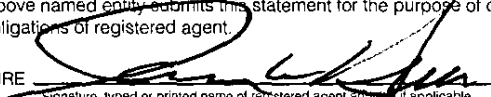
2. Principal Place of Business 1000 US 1 NORTH Suite, Apt. #, etc. #762	3. Mailing Address 1000 US 1 NORTH Suite, Apt. #, etc. #762
--	--

☐ CHECK HERE IF MAKING CHANGES

City & State JUPITER FL	City & State JUPITER, FL	4. FEI Number 04361	APPLIED FOR 4026	Applied For <input type="checkbox"/> Not Applicable
Zip 33477	Country USA	Zip 33477	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIRILNIK, ALEX D EGO ROTH ROUSSO & BARRACH PA 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021
--

7. Name and Address of New Registered Agent Name JAMES W. HALL Street Address (P.O. Box Number is Not Acceptable) 1000 US 1 NORTH #762 City JUPITER FL Zip Code 33477
--

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  President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-30-03
---	-----------------

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. <input type="checkbox"/> \$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 PVTS HALL, JAMES W 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PVTS JAMES W. HALL 1000 US 1 NORTH #762 JUPITER FLA 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HALL, JAMES W 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D JAMES W. HALL 1000 US 1 NORTH #762 JUPITER FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700018302837 05/06/03--01090--009 **600.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Pres. 43003 5614366952 Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/02)