FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

07-03-2003 90032 011 ***150.00
P02000004529

DOCUMENT # P02000004529

1. Entity Name
River Bend Home Builders Corp.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 23 AM 10:47

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2. Principal Place of Business	3. Mailing Address
9202 Olmstead Dr.	9202 Olmstead Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

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4. FEI Number 60-0001586 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Lawrence B. Hawkins
Street Address (P.O. Box Number is Not Acceptable): 9202 Olmstead Drive
City: Lake Worth FL Zip Code: 33467

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

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	D	TITLE	
NAME	Lawrence B. Hawkins	NAME	
STREET ADDRESS	9202 Olmstead Drive	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33467	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Larry K. Hawkins	NAME	
STREET ADDRESS	1021 NW 60th Street	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32605	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 5/23/03 561-968-3238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #