

**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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9202 Olmstead Dr.	3. Mailing Address 9202 Olmstead Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lake Worth, FL	City & State Lake Worth, FL	4. FEI Number 60-0001586	Applied For Not Applicable
Zip 33467	Country USA	Zip 33467	Country USA
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

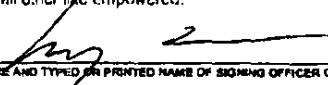
7. Name and Address of Current Registered Agent	
Name Lawrence B. Hawkins	
Street Address (P.O. Box Number is Not Acceptable) 9202 Olmstead Drive	
City Lake Worth	FL Zip Code 33467

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 fee if applicable.	(NOTE: Registered Agent signature required when renewing)	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 NAME STREET ADDRESS CITY-ST-ZIP	D Lawrence B. Hawkins 9202 Olmstead Drive Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry K. Hawkins 1021 NW 60th Street Gainesville, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walt 7/23
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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	561-9683238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)