


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

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-18-2005 90003 028 ***150.00

DOCUMENT # P04000098153	
1. Entity Name Rivers Edge Sports Bar, Inc.	

DO NOT WRITE IN THIS SPACE

66026746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 915 S 14th street		3. Mailing Address 915 S 14th street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fernandina Fl.	City & State Fernandina Fl.	4. FEI Number 20-2758146	Applied For <input type="checkbox"/> Not Applicable
Zip 32034	Country Nassau	Zip 32034	Country Nassau
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Michael R Marsh	
Street Address (P.O. Box Number is Not Acceptable) 2192 B 1st Ave	
City Fernandina	FL Zip Code 32034

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael R Marsh 2192 B 1st Ave Fernandina, Fl. 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kimberly R. Marsh 2192 B 1st Ave Fernandina, Fl. 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Michael R Marsh* **8/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)