

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
02 JUN 27 PM 4:01

DOCUMENT # **P95000063947**
1. Entity Name
THE TRAILS AT RIVARO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2727 ULMINGTON ROAD Suite, Apt. #, etc. 350		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State	
Zip 33762	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-08615147		Applied For <input type="checkbox"/> Not Applicable
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 TRACY BYRCS	
	Street Address (P.O. Box Number is Not Acceptable) 2727 ULMINGTON ROAD 350	
	City CLEARWATER	Zip Code FL 33762

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.

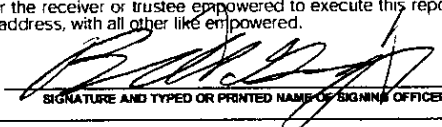
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/VP DONALD MERSKIN 2727 ULMINGTON ROAD CLEARWATER FL 33762	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/VP Donald Merskin 2676 S BAYSHORE BLVD Dunedin FL 34698	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)

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