2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P95000092203 DOCUMENT # 1. Entity Name TWO RIVERS, INC.

FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90108 049 ***150.00

Principal Place of Business 240 NO. WASHINGTON BLVD SUITE 311 SARASOTA FL 34236		Mailing Address 240 NO. WASHINGTON SARASOTA FL 34236	240 NO. WASHINGTON BLVD., SUITE 311				
	•] (113)(111) (111) (111))) 40 11/2 83 11/1 40 1/1 1 0	ar a karina ar a ka ar	e n aana kun naan
2. Principal	Place of Business	3. Mailing Address					
Suite, Ap	Dt. #, etc.	Suite, Apt. #, etc.					
City & St				☐ CHEC	K HERE IF MAKI	NG CHANG	ES
City & St	ale	City & State		4. FEI Number 65-06	65-1631016		
Zip	Country	Zip	Country			\$8.75	Not Applicable
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	5. Certificate of Status E	_	Fee Requ	
		nt riegistered Agent	Name	7. Name and Address of	f New Registere	d Agent	
I	ER, ROBERT M ESQ.		Street Ado	Irong (DO, Double-the citable &			
	COND STREET, SUITE 803		- Street Add	ress (P.O. Box Number is Not Ac	ceptable)		
SAHASU	TA FL 34236						
			City		F	Zip Co	ode
8. The above	e named entity submits this statement ations of registered agent.	for the purpose of changing it	s registered office or re	gistered agent, or both, in the Sta	ate of Florida. Lar	m familiar wit	h and accept
]							n, and doccpt
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	TE: Registered Agent signature r				
	FILE NOW!!! FEE IS \$150.00		, c. riegatored Agent signature r	equired when reinstating)	DATE		
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Camp Trust Fund Cor	aign Financing htribution.	\$5.	.00 May Be ed to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	RUGGLES, ROBERT K III 6140 MIDNIGHT PASS ROAD, A	☐ Delete PT. 903	TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE	SARASOTA FL 34242		CITY-ST-ZIP				{
NAME		Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	· · ·		CITY-ST-ZIP				
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		•	The state of the s	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS			_ ,	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				}
TITLE		☐ Delete	TITLE			Change .	- Addition
NAME STREET ADDRESS			NAME			Change	☐ Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. Thereby ce	ertify that the information supplied with	Albin Allin	UIIT-SI-ZIP				İ

Thereby 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

SIGNATURE:

3/15/03