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

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DOCUMENT # P960000 15918 HART RIVER COMPANY

03 MAY -1 PM 12: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO	NOT WRIT	TE IN THIS	SPACE				
Suite, Apt. #, etc.	ijor Blud.	3. Mailing Address 5 + 38 Suite, Apt. #, etc.	gier Blud.	300017827363 05/01/0301052005 **300.00 do not write in this space			
City & State Orlando, FL		City & State		4. FEI Number 59-336		Applied For Not Applicable	
Zip 32819	Country	Orlando 32819	Country US#	5. Certificate of Status D	esired 58	3.75 Additional Required	
DO NOT WRITE IN THIS SPACE				derwood Kol ss (P.O. Box Number is Not As Mayor B)	rest 4. corplable) Suite FL	556 Zin Code 32819	
the obligations of r		nt for the purpose of changing from the purpose of changing gent and title it applicable. (f	its registered office or regis		ate of Florida. I am fami	iliar with, and accept	
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 Camp Trust Fund Co	~ ~ ~	\$5.00 May Be Added to Fees	
10.	OFFICERS A	ND DIRECTORS					

TITLE TITLE Underwood, D. Anne wynd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Raleigh, NC 27612 TITLE TITLE Underwood Ashe Heather, 3,000 city of oaks wyro NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Releigh, NC 27612 TITLE TITLE UNDERWOOD, Robert L 5718 Major Blid. Suit 550 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32819 TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Robert 1. Underwood Prosident 4/29/03 SIGNATURE AND TYPED OR PRINTED NAME OF SI

CR2E034B (12/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINE	SS REPORT	(UE	BR)				
DOCUMENT # P96000 1. Entity Name HART RIVER COM	COLUMN TO THE COLUMN CO						
DO NOT WRITE	IN THIS SP	PAC	E				
2. Principal Place of Business 5728 Major Blvd. 3. Mailing Address 5728 Major Blvd.			lvd.				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SPA	CE
City & State Orlando, FL Orlando, F				4. FEIN	Jumber 336518	ð	Applied For Not Applicable
Zip Country 32819 USA	32819	Countr	ŠĦ		icate of Status Desired	□ \$8	.75 Additional
32817 434 32814				7. Name	and Address of Current		'
DO NOT WRITE IN THIS SPACE			Street Address (1		ad Robert lumber is Not Acceptable		556
The above named entity submits this statement for			City Orl	and	O Company in the Owner of Flor	FL	Zio Code 19
SIGNATURE Signature, speed or printed name of registered agent a January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	nis alle it soplicable. (1016:	Repstores /	Apart signature required		ng) J. Election Campaign Fina	DATE	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department of					Trust Fund Contribution		Added to Fees
10. OFFICERS AND E TITLE NAME Underwood, D. Ann STREET ADDRESS 3900 City of Oaks CITY-ST-ZIP Raleish, NC 276	· .	THTLE NAME STREET CITY-S	ADDRESS it-zip				
NAME STREET ADDRESS CITY-ST-ZIP Releish, NC 27	teather, s wynd	CITY-S	ADDRESS T-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET CITY-S	ADDRESS T-ZIP				
12. I hereby certify that the information supplied with the indicated on this report or supplemental report is of the corporation or the receiver or trustee emporation attachment with an address, with all other like ent	true and accurate and that my owered to execute this report.	y signatur as requir	re shall have the s red by Chapter 60 Red Pr	ame legal	effect as if made under or Statutes; and that my nan	ath; that I am a ne appears in	n officer or director

UNDERWOOD & ROBERTS, PLLC

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING A PROFESSIONAL ASSOCIATION

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Lincoln H. Jones o
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Shannon L. Evans #, Of Counsel
Carl A. Bertoch +, Of Counsel

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Fax: (702) 699-7377

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

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Dear Secretary:

Attached is my annual report and a check for \$700 for the delinquent 2002 fee (\$550) and the 2003 fee (\$150).

If you have any questions, please call either Anne or Robert Underwood at 800-686-1615.

Thank you.

Sincerely,

D. Anne Underwood