

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000056872

FILED
Apr 18, 2003
Secretary of State

Entity Name: INDIAN RIVER VENTURES, INC.

Current Principal Place of Business:

2855 N A1A HIGHWAY
UNIT A
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

2855 N A1A HIGHWAY
UNIT A
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3422888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYMN, SANDRA J
2855 N A1A HIGHWAY
UNIT A
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: TYMN, GREGORY A
Address: 2855 N A1A HWY UNIT A
City-St-Zip: INDIALANTIC, FL 32903

Title: DV () Delete
Name: TYMN, SANDRA J
Address: 2855 N A1A HWY UNIT A
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: TYMN, MATTHEW T
Address: 628 PRINCE DRIVE
City-St-Zip: GREENWOOD, IN 46142

Title: V () Delete
Name: TYMN, ADAM M
Address: 5568 FORESTHILL STREET
City-St-Zip: LITTLETON, CO 80210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY A. TYMN

DCP

04/18/2003

Electronic Signature of Signing Officer or Director

_____ Date