


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90505 041 ***150.00

DOCUMENT # P96000102970

1. Entity Name
OLD RIVER HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4549 LASSASSIER DR

3. Mailing Address
PO Box 12662

Suite, Apt. #, etc.

City & State
PENSACOLA, FLORIDA

City & State
PENSACOLA, FLORIDA

Zip
32504

Country
USA

Zip
32591

Country
USA

4. FEI Number
59-3431987

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BENSON, PETER

Street Address (P.O. Box Number is Not Acceptable)
4549 LASSASSIER DR

City
PENSACOLA

FL Zip Code
32504

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 PETER BENSON DATE 4-14-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D BENSON, PETER 4549 LASSASSIER DR PENSACOLA, FL 32504</u>
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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: PETER BENSON (850) 469-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034B (12/02)