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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P9700028901 RIVIERA ISLE AND HARBOURAGE, INC. 01-22-2001 90123 006 ***150 00 Principal Place of Business Mailing Address 10541 PLYMOUTH DR. N 10541 PLYMOUTH DR. N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3439353 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald H Pyron-PYRON, OAKLEY W Street Address (P.O. Box Number is Not Acceptable) 737 Suryannee CT NB 10401 SNUG HARBOR RD ST PETERSBURG FL 33702 City ST Petersburg 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITI F Change Addition ☐ Delete NAME PYRON, RONALD H NAME 737 Suwannee Cr NÉ STREET ADDRESS STREET ADDRESS 10401 SNUG HARBOR RD CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-7IP **⊠** Change ☐ Addition TITLE ☐ Delete TITI F PYRON, JOYCE NAME NAME 10541 Plymouth DEN STREET ADDRESS STREET ADDRESS 10401 SNUG HARBOR RD St Petersburg, FC 3376Z CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 Change Addition ☐ Delete NAME PYRON, OAKLEY W NAME 10541. Plymonth Dr N St Petersburg, FL 33702 STREET ADDRESS_ STREET ADDRESS 10401 SNUG HARBOR RD CITY-ST-ZIP~ CITY-ST-7IP ST PETERSBURG FL 33702 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/ F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Block 12 if

her like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR