

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0563436 AT

DOCUMENT # P97000038434

1. Entity Name
RIVER FLUTE, INC.

04-02-2002 90082 019 ***150.00

Principal Place of Business Mailing Address
~~1113 NORTH WATERWAY DRIVE~~ ~~1113 NORTH WATERWAY DRIVE~~
~~BAREFOOT BAY FL 32976~~ ~~BAREFOOT BAY FL 32976~~



2. Principal Place of Business 3. Mailing Address
565 Dominican Terrace **565 Dominican Terrace**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Sebastian, FL **Sebastian, FL**
 Zip Country Zip Country
32958 **Indian River** **32958** **Indian River**

4. FEI Number **59-3457204**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HECKMAN, BOB
1113 NORTH WATERWAY DRIVE
BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HECKMAN, BOB
STREET ADDRESS	1113 NORTH WATERWAY DRIVE
CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	D <input type="checkbox"/> Delete
NAME	IERNA, PAUL
STREET ADDRESS	3440 HUGGINS DRIVE
CITY-ST-ZIP	MALABAR FL 32950
TITLE	D <input type="checkbox"/> Delete
NAME	DEVINE, MATTHEW
STREET ADDRESS	565 DOMINICAN TERRACE
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Matthew Devine** *Matthew Devine* **3/25/02** **T.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)