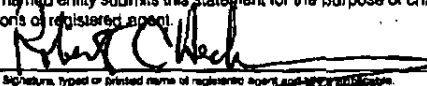


FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90114 001 ***150.00

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

DOCUMENT # P97000038434					
1. Entity Name RIVER FLUTE, INC.					
Principal Place of Business 565 DOMINICAN TERRACE SEBASTIAN FL 32958		Mailing Address 565 DOMINICAN TERRACE SEBASTIAN FL 32958			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3457204	
Zip		Country		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 32978				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 05/13/03	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
NAME	D		NAME	D	
STREET ADDRESS	HECKMAN, BOB		STREET ADDRESS	HECKMAN, BOB	
CITY-ST-ZIP	1113 NORTH WATERWAY DRIVE		CITY-ST-ZIP	1113 NORTH WATERWAY DRIVE	
	BAREFOOT BAY FL 32978			BAREFOOT BAY FL 32978	
TITLE	NAME		TITLE	NAME	
NAME	D		NAME	D	
STREET ADDRESS	IEFNA, PAUL		STREET ADDRESS	IEFNA, PAUL	
CITY-ST-ZIP	3440 HUGGINS DRIVE		CITY-ST-ZIP	3440 HUGGINS DRIVE	
	MALABAR FL 32950			MALABAR FL 32950	
TITLE	NAME		TITLE	NAME	
NAME	D		NAME	D	
STREET ADDRESS	DEVINE, MATTHEW		STREET ADDRESS	DEVINE, MATTHEW	
CITY-ST-ZIP	565 DOMINICAN TERRACE		CITY-ST-ZIP	565 DOMINICAN TERRACE	
	SEBASTIAN FL 32958			SEBASTIAN FL 32958	
TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				772-388-4682	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	