## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000064308** May 09, 2000 8:00 am Secretary of State Entity Name \* 1 NORTH RIVER BUILDERS & REALTY, INC. 05-09-2000 90137 022 \*\*\*150.00 Mailing Address Principal Place of Business 1020 10TH AVE WEST 1020 10TH AVE WEST **PALMETTO FL 34221-3724** PALMETTO FL 34221 HS 3. Mailing Address 2. Principal Place of Business 1030 10+4 Ase W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0773208 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ک لا Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, DAVID L Street Address (P.O. Box Number is Not Acceptable) 33050 TAYLOR GRADE RD DUETTE FL 33834 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PTS TITLE Change ☐ Addition TITLE ☐ Delete WALKER, DAVID L NAME NAME 33050 TAYLOR GRADE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUETTE FL 34221 SECT ☐ Change ☐ Addition Delete TITLE TITLE WALKER, DAVID NAME NAME 33050 TAYLOR GRANDE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUETE FL 33834 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR