2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am DOCUMENT # **P97000064308 Secretary of State** NORTH RIVER BUILDERS & REALTY, INC. 05-10-2001 90066 026 ***150.00 Principal Place of Business Mailing Address 1020 10TH AVE WEST 1020 10TH AVE WEST PALMETTO FL 34221 PALMETTO FL 34221 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 65-0773208 Apolied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David L. Walker 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 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 PTS TITLE ☐ Delete Change ☐ Addition WALKER, DAVID L NAME NAME 33050 TAYLOR GRADE RD 3321 Carol Drive STREET ADDRESS STREET ADDRESS DUETTE FL 34221 CITY-ST-ZIP CITY-ST-7IP Ellenton, FL 34222 SECT TITLE Delete TITLE WALKER, DAVID NAME NAME 3322 Carol Drive Ellenton, FC 34222 33050 TAYLOR GRANDE RD STREET ADDRESS STREET ADDRESS **DUETE FL 33834** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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:

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICET OR DIRECTOR.