

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90006 036 ***150.00

12-31-02
 AV

DOCUMENT # P97000082111

1. Entity Name

RIVERSPORT CUSTOM ADVENTURES AND KAYAKS, INC.

Principal Place of Business

**2314 S GABIN TERRACE
 HOMOSASSA FL 34448**

Mailing Address

**2314 S GABIN TERRACE
 HOMOSASSA FL 34448**

2. Principal Place of Business

2300 S. Suncoast Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Homosassa FL

City & State

4. FEI Number

59-3470801

Applied For

Not Applicable

Zip

34448

Country

Citrus

Zip

Country

5. Certificate of Status Desired ☐ -

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HICKS, SHERI

**2314 S GABIN TERRACE
 HOMOSASSA FL 34448**

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	HICKS, SHERI	
STREET ADDRESS	2314 S GABIN TERRACE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, HENRY	
STREET ADDRESS	2314 S GABIN TERRACE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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
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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:

Shirley Hicks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

352-621-4972

Daytime Phone #

CR2E034 (9/01)