

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90241 042 ***150.00

0558173 AV

DOCUMENT # P98000006770

1. Entity Name
RIVOLTA MARINE, INC.



Principal Place of Business
**1741 MAIN STREET STE. 101
SARASOTA FL 34236**

Mailing Address
**1741 MAIN STREET STE. 101
SARASOTA FL 34236**

20034200



2. Principal Place of Business

2127 RINGING BLVD

3. Mailing Address

2127 RINGING BLVD

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

Zip

34237

Country

4. FEI Number

65-0899025

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VENABLE, JOSEPH P
1400 4TH AVENUE WEST
BRADENTON FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RIVOLTA, PIERO
215 ROBIN DR.
SARASOTA FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
RIVOLTA, RENZO
215 ROBIN DR.
SARASOTA FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VENABLE, JOSEPH P
1400 4TH AVENUE WEST
BRADENTON FL 34205**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

2. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Piero Rivolta

22 APR 2003 9419540358

Date

Daytime Phone #

CR2E034 (10/02)