2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000083558

Title:

Name:

Address: City-St-Zip:

Entity Name: PEACE RIVER SERVICES, INC.

FILED Feb 17, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: U.S. HIGHWAY 17 NORTH WAUCHULA, FL 33873 **Current Mailing Address: New Mailing Address:** P.O. BOX 1310 WAUCHULA, FL 33873 FEI Number: 59-3558907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, ANDREW B 150 NORTH COMMERCE SEBRING, FL 33871 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HENDERSON, MAURICE Name: Name: 380 BOYD COWART ROAD Address: Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: MULCAY, WILLIAM T JR Name: 902 WEST PALMETTO ST Address: Address: WAUCHULA, FL 33873 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition JOHNSON, DALE JOHNSON, DALE Name: Name: 3049 COUNTY ROAD 664 2783 E. MAIN STREET Address: Address: City-St-Zip: BOWLING GREEN, FL 33834 City-St-Zip: WAUCHULA, FL 33873 Title: () Delete Title: () Change () Addition STEVENS, RONALD Name: Name: Address: 616 MOUNTAIN LAKE RD Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM T. MULCAY, JR. VP 02/17/2003

() Delete

HARRISON, ROBERTA

4249 SHAD DRIVE

SEBRING, FL 33870

(X) Change () Addition

HARRISON, ROBERTA

LAKELAND, FL 33805

723 TROPICAL WAY