

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90277 040 ***150.00

DOCUMENT # **P 99000008500**

1. Entity Name

**RIVER OF PEACE PUBLISHING
CO.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1097 GIRL SCOUT RD.

Suite, Apt. #, etc.

3. Mailing Address

1097 GIRL SCOUT RD.

Suite, Apt. #, etc.

20046661

DO NOT WRITE IN THIS SPACE

City & State

ARCADIA, FL.

City & State

ARCADIA, FL.

4. FEI Number

65-0970259

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

34266

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MONFORT, R.W.

Street Address (P.O. Box Number is Not Acceptable)

1097 GIRL SCOUT RD.**ARCADIA, FL.**

City

FL

Zip Code

34266

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

MONFORT, R.W.**1097 GIRL SCOUT RD.****ARCADIA, FL. 34266**

TITLE

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**DO NOT WRITE
IN THIS SPACE**

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)