

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000009025**

1. Entity Name

NEW RIVER PRODUCTION GROUP, INC.

Principal Place of Business

**2840 SCHERER DRIVE, SUITE 460
ST. PETERSBURG FL 33716**

Mailing Address

**2840 SCHERER DRIVE, SUITE 460
ST. PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip.

Country

Zip

Country

4. FEI Number

59-3554618

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLESS, DAVID A JR
1149 SAN MARCO DRIVE
LARGO, FL 33770
11901 4th ST. NORTH
ST. PETERSBURG, FL 33716**

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 **DAVID A. PLESS JR. PRESIDENT**

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D PLESS, DAVID**
STREET ADDRESS **1149 SAN MARCO DRIVE - 11901 4th ST. NORTH**
CITY-ST-ZIP **LARGO, FL 33770 ST. PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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Change Addition

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: **DAVID A. PLESS JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-592-0433

Date

Daytime Phone #

CR2E034 (5/01)