

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90011 020 ***150.00

DOCUMENT # V28457

1. Entity Name

RIVERS DELIVERS, INC.

Principal Place of Business

**14867 SW 40 CT
 MIRAMAR FL 33027**

Mailing Address

**P.O. BOX 277805
 MIRAMAR FL 33027**

2. Principal Place of Business

115 TWIN LAKES Circle

3. Mailing Address

115 TWIN LAKES Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

UMATILLA, FLA.

City & State

UMATILLA, FLA

Zip

Country

32784 USA

Zip

Country

32784 USA

4. FEI Number

65-0334301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEMBY, NORTON RIVERS
 14867 SW 40TH CT
 MIRAMAR FL 33027**

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 *Norton*

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 **P** ☐ Delete
 NAME **DEMBY, NORTON R**
 STREET ADDRESS **14867 S.W. 40 COURT**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **T** ☐ Delete
 NAME **DEMBY, PAULA L**
 STREET ADDRESS **14867 S.W. 40 COURT**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Norton R. Demby*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

352-669-2685
 Daytime Phone #

CR2E034 (9/01)