

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90198 008 \*\*\*\*61.25

**DOCUMENT # 736577**

1. Entity Name  
**PEACE RIVER MAINTENANCE INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>LIVINGSTON STREET<br/>         P.O. BOX 2969<br/>         ARCADIA FL 33821</b> | Mailing Address<br><b>LIVINGSTON STREET<br/>         P.O. BOX 2969<br/>         ARCADIA FL 34266<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2413352</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|  |  |  |  |  |  |  |  |           |          |
|--|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>LAVALLE, TIMOTHY<br/>         1807 NW GOATHILL DR<br/>         ARCADIA FL 34266</b> |  |  |  | Name   |  |  |  |           |          |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|  |  |  |  | City   |  |  |  | <b>FL</b> | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |
|----------------------------|----------------------------------|---------------------------------|---|--|---|
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAFFORD, THOMAS</b>           |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>4152 NW NORTH RD</b>          |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>ARCADIA FL 34266</b>          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JONES, JOHN</b>               |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>4224 N W NORTH RD</b>         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>ARCADIA FL 34266</b>          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>DS</b>                        | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHILL, RICK</b>              |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>1442 NW FARRENS DR</b>        |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>ARCADIA FL 34266</b>          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>DV</b>                        | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YUROSKO, JOHN</b>             |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>123 SHAMROCK BLVD</b>         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>VENICE FL 34293</b>           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>DT</b>                        | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HEINLEIN, WALTER</b>          |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>3684 N.W. SOUTH FORK ROAD</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>ARCADIA FL 34266</b>          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>PD</b>                        | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LAVALLE, TIMOTHY</b>          |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>1807 NW GOATHILL DR</b>       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>ARCADIA FL 34266</b>          |                                 | CITY-ST-ZIP   |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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 **TIMOTHY LAVALLE** (863) 494-0988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)