

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90513 048 ****61.25

DOCUMENT # 736577

1. Entity Name
PEACE RIVER MAINTENANCE INC.



Principal Place of Business
**LIVINGSTON STREET
P.O. BOX 2969
ARCADIA FL 33821**

Mailing Address
**LIVINGSTON STREET
P.O. BOX 2969
ARCADIA FL 34266
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2413352**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**LAVALLE, TIMOTHY
1807 NW GOATHILL DR
ARCADIA, FL 34266**

7. Name and Address of New Registered Agent

Name **JOHN YUROSKO**
Street Address (P.O. Box Number is Not Acceptable)
123 SHAMROCK BLVD
City **VENICE** FL Zip Code **34293**

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

JOHN YUROSKO PRES 1-15-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PAFFORD, THOMAS	
STREET ADDRESS	4152 NW NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	4224 N W NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHILL, RICK	
STREET ADDRESS	1442 NW FARRENS DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DV	<input type="checkbox"/> Delete
NAME	YUROSKO, JOHN	
STREET ADDRESS	123 SHAMROCK BLVD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEINLEIN, WALTER	
STREET ADDRESS	3684 N.W. SOUTHFORK ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAVALLE, TIMOTHY	
STREET ADDRESS	1807 NW GOATHILL DR	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFFORD, THOMAS	
STREET ADDRESS	4152 NW NORTH RD	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILL, RICK	
STREET ADDRESS	1442 NW FARRENS DR	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUROSKO, JOHN	
STREET ADDRESS	123 SHAMROCK BLVD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPERRY, ELIOT	
STREET ADDRESS	1998 NW GOATHILL ST	
CITY-ST-ZIP	ARCADIA FL 34266	

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 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: **WALTER J. HEINLEIN TREAS 1-15-03**

(863)993-9670

CR2E037 (10/02)