2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90210 019 ***150.00

DOCUMENT # P00000048176

1. Entity Name
RILEY & COMPANY, INC.

Principal Place of Business	Mailing Address
747 FLEET FINANCIAL COURT	747 FLEET FINANCIAL COURT
LONGWOOD FL 32750	LONGWOOD FL 32750

2. Principal Place of Business	3. Mailing Address
5491 BENCHMARK LANE	5491 BENCHMARK LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FLORIDA	City & State: SANFORD, FLORIDA
Zip: 32773 Country: US	Zip: 32773-3726 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3643072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, LARRY
~~747 FLEET FINANCIAL COURT~~ 5491 BENCHMARK LANE
~~LONGWOOD FL 32750~~ SANFORD, FL 32773

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RILEY, LARRY J		NAME		
STREET ADDRESS	385 RACCOON ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	VPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RILEY, JAENE C		NAME		
STREET ADDRESS	385 RACCOON ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry J. Riley REQUIRED 4/30/2003 (407) 265-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #