

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90276 021 ***150.00

DOCUMENT # P94000012172

1. Entity Name

RIVERSIDE BUILDERS OF BREVARD, INC.

Principal Place of Business

**18 S RIVERSIDE DRIVE
 INDIALANTIC FL 32903**

Mailing Address

**18 S RIVERSIDE DRIVE
 INDIALANTIC FL 32903**

B0074130



2. Principal Place of Business

1290 HIGHWAY A1A

3. Mailing Address

1290 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

DO NOT WRITE IN THIS SPACE

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH FL

4. FEI Number

59-3232111

Applied For

Not Applicable

Zip

32937

Country

USA

Zip

32937

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, ROBERT L

18 S RIVERSIDE DRIVE

INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

ROBERT L. PERRY

Street Address (P.O. Box Number is Not Acceptable)

1290 HIGHWAY A1A

SUITE 205

City

SATELLITE BEACH FL

Zip Code

32937

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

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 **DVST** **DPVST** ☐ Delete
 NAME **PERRY, ROBERT L**
 STREET ADDRESS **290 ALLAN LANE**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **DSV** ☒ Delete
 NAME **PERRY, ROBERT L**
 STREET ADDRESS **290 ALLAN LANE**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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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TITLE ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)