# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: REBEKAH RIVERS

Electronic Signature of Signing Officer/Director Detail

#### 01/22/2021

ts registered office or registered agent,

Date

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:

Electronic Signature of Registered Agent

| Officer/Director | Detail | : |
|------------------|--------|---|
|------------------|--------|---|

| Title           | PRESIDENT            | Title           | VP                   |
|-----------------|----------------------|-----------------|----------------------|
| Name            | RIVERS, REBEKAH      | Name            | RIVERS, EUGENE       |
| Address         | P O BOX 16607        | Address         | P O BOX 16607        |
| City-State-Zip: | TALLAHASSEE FL 32317 | City-State-Zip: | TALLAHASSEE FL 32317 |
|                 |                      |                 |                      |

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86811

Entity Name: REBEKAH RIVERS, P.A.

#### Current Principal Place of Business:

1520 KILLEARN CENTER BLVD. SUITE 100 TALLAHASSEE, FL 32309-3702

### **Current Mailing Address:**

P O BOX 16607 TALLAHASSEE, FL 32317 US

## FEI Number: 65-0213836

# Name and Address of Current Registered Agent:

RIVERS, REBEKAH 1520 KILLEARN CENTER BLVD. SUITE 100 TALLAHASSEE, FL 32309-3702 US

# FILED Jan 22, 2021 Secretary of State 2104840444CC

Certificate of Status Desired: No

Date