2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # F96000003002 **Secretary of State** 1. Entity Name 02-13-2002 90102 023 ***150.00 RIVES CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 5200 GRANTSWOOD RD 5200 GRANTSWOOD RD BIRMINGHAM AL 35210 BIRMINGHAM AL 35210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 63-0938018 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSTKOWSKI, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 98 PALMER AVE WINTER PARK FL 32789 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)PT TITLE ☐ Delete Change ☐ Addition TITLE RIVES, VAUGHN P NAME NAME RIVES, VAUGHN P CR2E034 STREET ADDRESS 641 GOLDWIRE WAY SW STREET ADDRESS 5200 GRANTSWOOD ROAD CITY-ST-7IP **BIRMINGHAM AL 35211** CITY-ST-ZIP BIRMINGHAM AL 35210 TITLE ☐ Delete TITLE Change ☐ Addition NAME RIVES, MARK A NAME RIVES, MARK A STREET ADDRESS STREET ADDRESS 641 GOLDWIRE WAY SW 5200 GRANTSWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35211** BIRMINGHAM AL 35210 TITLE ☐ Delete TITLE [] Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with an addres

FILED