2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9900005284 May 04, 2000 8:00 am Secretary of State RIVER CITIES BUILDERS, INC. 05-04-2000 90147 001 ***158.75 Principal Place of Business Mailing Address 3716 OHIO RIVER ROAD 3716 OHIO RIVER ROAD GREENUP KY 41144-9616 GREENUP KY 41144 2. Principal Place of Business 3. Mailing Address A)DDY4 Above Serve DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 61-1296993 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 2 PMB FELTY, JARVEY Street Address (P.O. Box Number is Not Acceptable) 190 FLAGLER LANE #19 COCOA FL 32931 City Zip Code FL 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 tle 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition □ Delete TITLE LOGAN, GREGORY T NAME NAME 2913 R OHIO RIVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENUP KY 41144** ☐ Addition Change ☐ Delete LOGAN, ANGELA NAME NAME 2913 R OHIO RIVER ROAD STREET ADDRESS STREET ADDRESS **GREENUP KY 41144** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-702 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 ortrustee 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 of an address, with all other like empowered.

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PRINTED NAME OF SIGE