FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91349 001 ***158.75

DOCUMENT # F99000005284

1. Entity Name
River Cities Builders, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
125 Sandy Cove	125 Sandy Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenup Ky	City & State: Greenup Ky
Zip: 41144 / Country: Greenup	Zip: 41144 / Country: Greenup

4. FEI Number: 61-1296993 — Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Felty, Jarvey
Street Address (P.O. Box Number is Not Acceptable): 190 Flagler Lane #19
City: Cocoa **FL** Zip Code: 32931

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President / Vice President	TITLE	
NAME	Gregory T. Logan	NAME	
STREET ADDRESS	2913 R Ohio River Road	STREET ADDRESS	
CITY-ST-ZIP	Greenup, Ky 41144	CITY-ST-ZIP	
TITLE	Secretary / Treasurer	TITLE	
NAME	Angela Logan	NAME	
STREET ADDRESS	2913 R Ohio River Road	STREET ADDRESS	
CITY-ST-ZIP	Greenup, Ky 41144	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] / Gregory T. Logan 5-10-02 606-473-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ask for Melissa