2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 15 AM 7:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L01000022799

1. Entity Name

RIVERPLACE CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD., #2130 JACKSONVILLE FL 32207	1301 RIVERPLACE BLVD., #2130 JACKSONVILLE FL 32207

4/15 ☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3659391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
ATTN: DANIEL B. NUNN, JR.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Peter E Bowen

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

1301 Riverplace Blvd #2130

City Jacksonville FL Zip Code 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Peter E Bowen 3/25/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Riverplace Capital Mgmt, Inc	NAME	
STREET ADDRESS	1301 Riverplace Blvd #2130	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32207	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	S02 132914589
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	05/01/02 90134 027
STREET ADDRESS		STREET ADDRESS	$50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter E Bowen AUTHORIZED 3/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #