

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90004 029 ****50.00

DOCUMENT # L99000007360

1. Entity Name

RIVERVIEW EQUITIES LLC



Principal Place of Business

**10601 CONE GROVE RD
RIVERVIEW FL 33569**

Mailing Address

**10601 CONE GROVE RD
RIVERVIEW FL 33569**

2. Principal Place of Business

10619 CONE GROVE RD

3. Mailing Address

10619 CONE GROVE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

RIVERVIEW, FL

Zip

33569

Country

US

Zip

33569

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3624890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINER, RUSSELL R ESQ
1904 E BUSCH BLVD
TAMPA FL 33612-8666**

7. Name and Address of New Registered Agent

Name **Sheila Burnett**

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

6115 Beach Ave

City

Gibson

FL

Zip Code

33534

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

Sheila Burnett

1/15/2003

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
NAME **HAMILTON, RALPH I**
STREET ADDRESS **10601 CONE GROVE ROAD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)