

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90161 031 \*\*\*550.00

**DOCUMENT # P00000007089**

1. Entity Name  
**RIVERROCK ENTERPRISES, INC.**



Principal Place of Business  
**9497 SOUTHERN GARDENS CR  
ALTAMONTE SPRINGS FL 32714-1277**

Mailing Address  
**9497 SOUTHERN GARDENS CR  
ALTAMONTE SPRINGS FL 32714-1277**



2. Principal Place of Business  
**582 BRANTLEY TERRACE WAY**

3. Mailing Address  
**582 BRANTLEY TERRACE WAY**

Suite, Apt. #, etc.

**UNIT 106**

Suite, Apt. #, etc.

**UNIT 106**

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

4. FEI Number **52-2208930**

Applied For

Not Applicable

Zip Country  
**32714 SEMINOLE**

Zip Country  
**32714 SEMINOLE**

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

6. Name and Address of Current Registered Agent

**OWENS, ELLEN S DR.  
9497 SOUTHERN GARDENS CR  
ALTAMONTE SPRINGS FL 32714-1277**

7. Name and Address of New Registered Agent

Name **DR. ELLEN S. OWENS**

Street Address (P.O. Box Number is Not Acceptable)  
**582 BRANTLEY TERRACE WAY**

**UNIT 104**

City **ALTAMONTE SPRINGS**

**FL**

Zip Code **32714**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete  
NAME **OWENS, ELLEN S DR**  
STREET ADDRESS **9497 SOUTHERN GARDENS CR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **582 BRANTLEY TERRACE WAY, UNIT 104**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, who all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2003 321-303-7465  
Date Daytime Phone #

CR2E034 (4/03)