

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022557

1. Entity Name
RIVERSIDE DESIGN OF N.E. FL, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90040 018 ***150.00

Principal Place of Business
2574 PARK STREET
JACKSONVILLE FL 32204

Mailing Address
2574 PARK STREET
JACKSONVILLE FL 32204

2. Principal Place of Business
1531 OSCEOLA STREET
Suite, Apt. #, etc.

3. Mailing Address
1014-7 MARGARET STREET
Suite, Apt. #, etc.
Box 312

City & State
JACKSONVILLE, FL
Zip
32204
Country
DUVAL

City & State
JACKSONVILLE, FL
Zip
32204
Country
DUVAL

4. FEI Number
59-3634156
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, ROBERT
2574 PARK STREET
JACKSONVILLE FL 32204

Name
PARRISH, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
1521 OSCEOLA STREET
City
JACKSONVILLE, FL Zip Code
32204

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  DATE 4/28/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PARRISH, ROBERT	2574 PARK STREET	JACKSONVILLE FL 32204	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PARRISH, ROBERT	1521 OSCEOLA STREET	JACKSONVILLE, FL 32204		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

SIGNATURE:  ROBERT PARRISH DATE 4/28/01 DAYTIME PHONE # 904-504-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)