## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000054558

Feb 27, 2003 8:00 am Secretary of State

**FILED** 

	Chility Name			_	Ξ	_	•
D١	/EDMAD CONTRACTING	~~	 _	 			

RIVERMAR CONTRACTING COMPANY				02-27-2003 90137 022 ***150	02-27-2003 90137 022 ***150.00					
Principal F	Place of Business	Mailing Address								
4620 S PEI	NINSULA DRIVE	4620 S PENINSULA DR	N/E							
PONCE INL	PONCE INLET FL 32127 PONCE									
				I ILLIA DE IN COM	<b>                                    </b>					
2. Principa	al Place of Business	3. Mailing Address								
Suite A	int # etc				404013001100					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	☐ CHECK HERE IF MAKING CHANGES						
City & S	State	City & State	· · · · · · · · · · · · · · · · · · ·	A SELVINA						
Zip	Country		<del></del>	50-2656442	opplied For lot Applicabl					
	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Ad						
	6. Name and Address of Currer	nt Registered Agent	<del></del>	Fee Require	ed					
			Name							
	RPORATION SYSTEM	-52	Street	Address (P.O. Box Number is Not Acceptable)						
	PINE ISLAND ROAD		0.1001	Address (F.O. Box Number is Not Acceptable)						
PLANIAI	TION FL 33324			523 NORTH HALIFAX AUE.	· · · · · · · · · · · · · · · · · · ·					
			City	Zin Cod						
8. The above	ve named entity submits this statement f	or the purpose of changing it	s registered office	DAYTONA BEACH FL Zip Cod 32 or registered agent, or both, in the State of Florida. I am familiar with,	<u> </u>					
are oblig	allons of registered agent.		•	or Florida. I am familiar with,	and accept					
SIGNATURE				2-21-03						
	Signature, typed or printed name of registred agent	t and title if applicable. (NO	TE: Registered Agent sign	nure required when reinstating) DATE						
5€ Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00			O Floring O						
Make Chec	ck Payable to Florida Department of	f State	1	9. Election Campaign Financing \$5.0  Trust Fund Contribution.   Added	O May Be to Fees					
10.	OFFICERS AND	DIRECTORS	11.							
TITLE NAME	DP	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Change	<del>~~~</del> -					
STREET ADDRESS	TREADWAY, FREDERICK C		NAME	CIRKS, DOUGLAS R. 4620 S.ATLANTIC AVE.	Addition					
CITY-ST-ZIP	4620 S PENINSULA DR PONCE INLET FL 32127		STREET ADDRESS	4620 S.ATLANTIC AVE.						
ITLE	n		CITY-ST-ZIP	PONCE INCEP, FL 32127						
IAME	Brueggen, David V	☐ Delete	TITLE NAME	☐ Change	Addition					
TREET ADDRESS	4620 S ATLANTIC AVE		STREET ADDRESS	BIRDWELL CODY W. 1845 THE EXCHANGE STE						
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	ATLANTA GA 30339	200					
ITLE IAME	<u>D</u>	☐ Delete	TITLE	HTLANTA GA 30339	- Admir-					
TOTET ADDRESS.	TREADWAY, FREDRICK,C.		NAME	□ Change	☐ Addition					
ITY-ST-ZIP	4620 S ATLANTIC AVE PONCE INLET FL 32127		STREET ADDRESS CITY-ST-ZIP							
TLE	D	☐ Delete	TITLE							
AME	MUELLER, THOMAS W	Duete	NAME	☐ Change	☐ Addition					
REET ADDRESS TY-ST-ZIP	4620 S ATLANTIC AVE		STREET ADDRESS		[					
	PONCE INLET FL 32127		CITY-ST-ZIP							
<u>.</u> [	VP	Delete	TITLE	☐ Change	☐ Addition					
DEET ADDRESS	MATHIS, STEVEN B 1845 THE EXCHANGE STE 200		NAME CTREET ADDRESS	_ onlinge						
	ATLANTA GA 30339		STREET ADDRESS CITY-ST-ZIP		-					
LE K	3	☐ Delete	TITLE							
ME PEET ADDRESS	PINCKNEY, FRED J		NAME	☐ Change [	Addition					
REET ADDRESS	845 THE EXCHANGE STE 200		STREET ADDRESS							

ATLANTA GA 30339 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 changed, or on an attachment withan address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

386-767-1313