

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-15-2003 90292 003 \*\*\*150.00

**DOCUMENT #** P00000110228

1. Entity Name

RIVER CITY CEILINGS, INC.



Principal Place of Business

2578 PACES FERRY ROAD NORTH  
ORANGE PARK FL 32073

Mailing Address

PO BOX 635  
PONTE VEDRA BEACH FL 32004-0635

2. Principal Place of Business

3. Mailing Address

2578 PACES FERRY RD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE PARK, FL

Zip

Country

Zip

Country

32073

4. FEI Number

59-3684789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WITKAMP, REX A

43 N ROSCOE BLVD

PONTE VEDRA BEACH FL 32082

Name

WITKAMP, REX, A.

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

2578 PACES FERRY RD N.

City

FL

Zip Code

32073

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME WITKAMP, REX A  
STREET ADDRESS 43 N ROSCOE BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

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

TITLE PSTD  
NAME WITKAMP, REX A  
STREET ADDRESS 2578 PACES FERRY RD N  
CITY-ST-ZIP ORANGE PARK, FL 32073 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

REX A. WITKAMP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

60006698



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)