FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 17 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000117117

1. Entity Name

RIVERBANKS MORTGAGE CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12319 S. ORANGE BLOSSOM TRAIl	12319 S. ORANGE BLOSSOM TRAI
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO. FL
Zip: 32837 Country:	Zip: 32837 Country:

4. FEI Number 65-1064759 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SONIA I. DE LA CRUZ

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

8220 WINDSOR RIDGE RD.

City: ORLANDO, **FL** Zip Code: 32835

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: Sonia I de la Cruz, Vice-President & Secretary 10/11/03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, VICTOR A. RIVERA 8220 WINDSOR RIDGE RD. ORLANDO, FL 32835	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT, SONIA I. DE LA CRUZ 8220 WINDSOR RIDGE RD. ORLANDO, FL 32835	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900023869789 10/17/03--01018--013 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, SONIA I. DE LA CRUZ 8220 WINDSOR RIDGE RD. ORLANDO, FL 32835	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, VICTOR A. RIVERA 8220 WINDSOR RIDGE RD. ORLANDO, FL 32835	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: President & Treasurer 10/11/03 (407) 438-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #