

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90656 013 ***158.75

DOCUMENT # P01000091070

1. Entity Name
RIVERFRONT EQUITIES, INC.

Principal Place of Business Mailing Address
2933 WEST STATE RD. 434. STE. 101 **2933 WEST STATE RD. 434. STE. 101**
LONGWOOD FL 32779-4457 **LONGWOOD FL 32779-4457**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3745518** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAWS, SONYA K
3116 CAPITAL CIR. NE, STE. 5
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent -

Name
ROYALL, H. J. JR
 Street Address (P.O. Box Number is Not Acceptable)
2933 West SR 434
Suite 101
 City **Longwood** FL Zip Code **32779**

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

H. J. Royall, Jr President 4/24/02

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, 2002 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

TITLE ☐ Delete
 NAME **DPST-OWNER**
 STREET ADDRESS **ROYALL, H. J. JR**
 CITY-ST-ZIP **2933 WEST STATE RD. 434, STE. 101**
LONGWOOD FL 32779-4457

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **BYRD, WILLIAM**
 CITY-ST-ZIP **2933 WEST STATE RD. 434, STE. 101**
LONGWOOD FL 32779-4457

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. J. Royall, Jr President

4/24/02 (407) 774-0303

CR2E034 (9/01)