

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90161 032 ***550.00

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DOCUMENT # P02000001066

1. Entity Name
RIVERROCK BUSINESS SERVICES, INCORPORATED



Principal Place of Business
9497 SOUTHERN GARDENS CIRCLE
ALTAMONTE SPRINGS FL 32714

Mailing Address
9497 SOUTHERN GARDENS CIRCLE
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business
582 BRANTLEY TERRACE WAY

3. Mailing Address
582 BRANTLEY TERRACE WAY

Suite, Apt. #, etc.
UNIT 106

Suite, Apt. #, etc.
UNIT 106

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country
SEMINOLE

Zip
32714

Country
SEMINOLE

4. FEI Number
01-0557917

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OWENS, ELLEN S DR.
9497 SOUTHERN GARDENS CIRCLE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **DR. ELLEN S. OWENS**
Street Address (P.O. Box Number is Not Acceptable)
582 BRANTLEY TERRACE WAY
UNIT 104
City **ALTAMONTE SPRINGS** **FL** Zip Code **32714**

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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P OWENS, ELLEN S DR.**
STREET ADDRESS **9497 SOUTHERN GARDENS CIRCLE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **582 BRANTLEY TERRACE WAY, UNIT 104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V OWENS, JEREMY J**
STREET ADDRESS **9497 SOUTHERN GARDENS CIRCLE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **582 BRANTLEY TERRACE WAY, UNIT 106**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-2003 **321-303-7465**
Date Daytime Phone #

CR2ED34 (4/03)