2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2003 8:00 am Secretary of State

1. Entity Nar	MENT # P0200 RILEY CONSTRUCTION INC	0096530			04-29-2003 90		
Principal Place of Business 1932 SHADY OAKS BLVD 1932 SHADY OAKS BLVD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address							
	Place of Business Shady Oaks Drive . #, etc.	Oaks Dr	rive	CHECK HERE IF M	AKING CHANGES		
	ahassee Florida	City & State		ida 4.	FEI Number 82-0564377		pplied For lot Applicable
3230		Zip 32303	Country		Certificate of Status Desired	Fee Requir	lditional ed
	6. Name and Address of Current I	negistereo Agent	Name		lame and Address of New Regist	erea Agent	
RILEY, ST		Street Address (P.O. Box Number is Not Acceptable)					
	ADY OAKS BLVD						
TALLAHA	SSEE FL 32303	•	City			Zip Cox	 -
			1 '			The	- 1
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or re-	egistered age	ent, or both, in the State of Florida.	I am familiar with.	and accept
		<u> </u>	_		j.	1	
OLONIATUSS.	Steen & Kil	le Steve	B. Kiley	✓	4/28	103	ľ
SIGNATURE	Signature, typed or printed name of registered agent as	nd little if applicable. (NOTE: F	B. Hiles Registered Agent signature	lednipėd wyeu te		/03 DATE	
F	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	nd tit if applicable. (NOTE: F	B. Hite. Registered Agent signature	squired when re		DATE 19 _ \$5.0	May Be d to Fees
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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:

LARLE REQUIRED

Daytime Phone #