FILED
Jun 10, 2003 8:00 am
Secretary of State

5/1

05-15-2003 90114 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116900 (L)

1. Entity Name
D. S. RILEY CONSTRUCTION, INC.

: 55047445

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1930 OPENWOODS RD.	1930 OPENWOODS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIDDLEBURG, FL	City & State: MIDDLEBURG, FL
Zip: 32068 Country: USA	Zip: 32068 Country: USA

4. FEI Number: 680527438 ☐ 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: DAVID SCOTT RILEY

Street Address (P.O. Box Number is Not Acceptable): 1930 OPENWOODS RD.

City: MIDDLEBURG FL Zip Code: 32068

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: David S Riley DAVID SCOTT RILEY (PRESIDENT) 4-11-03

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 $350.00
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 DAVID SCOTT RILEY 1930 OPENWOODS RD. MIDDLEBURG, FL 32068
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David S Riley DAVID SCOTT RILEY (PRESIDENT) 4-11-03 (904) 591-3165

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