

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90268 033 \*\*\*150.00

**DOCUMENT # P02000132533**

1. Entity Name

RIVERCITY PAVER CREATIONS, INC.



Principal Place of Business  
600 ST JOHN'S BLUFF RD NORTH  
JACKSONVILLE FL 32225

Mailing Address  
600 ST JOHN'S BLUFF RD NORTH  
JACKSONVILLE FL 32225

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

42-1560209

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

CLARKSON, JOHN S  
600 ST JOHN'S BLUFF RD NORTH  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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: President  
NAME: John Clarkson  
STREET ADDRESS: 600 ST John's Bluff Rd N  
CITY-ST-ZIP: Jacksonville, FL 32225

☐ Delete

TITLE: Vice-President  
NAME: Miguel Jimenez  
STREET ADDRESS: 600 ST John's Bluff Rd N  
CITY-ST-ZIP: Jacksonville, FL 32225

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TITLE: Secretary  
NAME: Jordan Clarkson  
STREET ADDRESS: 600 ST John's Bluff Rd N  
CITY-ST-ZIP: Jacksonville, FL 32225

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TITLE:   
NAME:   
STREET ADDRESS:   
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STREET ADDRESS:   
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/02)

904-223-4050