

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90133 005 ***150.00

DOCUMENT # P95000046868

1. Entity Name

RIVER CITY PARKING CORPORATION



Principal Place of Business
**3304 SAWGRASS VILLAGE CR
PONTE VEDRA BEACH FL 32082**

Mailing Address
**3304 SAWGRASS VILLAGE CR
PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business

3. Mailing Address

225 Palmyra Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32202

Zip

Country

Zip

Country

32202

Duval

4. FEI Number

59-3324178

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

**WILLIAMS, DENNIS M
6527 BURNHAM CR.
PONTE VEDRA BCH FL 32082**

7. Name and Address of New Registered Agent

Name **DENNIS M. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable) **29 Lake Julia Dr. S.**

City **Ponte Vedra Beach**

FL

Zip Code **32082**

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

Dennis M. Williams

DENNIS M. WILLIAMS V.P.

4-25-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD WILLIAMS, DENNIS M**
STREET ADDRESS **3304 SAWGRASS VILLAGE CR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

☒ Change ☐ Addition
TITLE **29 Lake Julia Dr. S.**
STREET ADDRESS **Ponte Vedra Beach, FL 32082**
CITY-ST-ZIP **FL 32082**

TITLE ☐ Delete
NAME **VSD WILLIAMS, SARA O**
STREET ADDRESS **3304 SAWGRASS-VILLAGE CR**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

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

TITLE ☐ Delete
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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:

Dennis M. Williams
DENNIS M. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 9042736111

Date Daytime Phone #

CR2E034 (10/02)