2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057956

1. Entity Name
RIVERWAY BUILDERS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90093 035 ***150.00

Principal Place of Business	Mailing Address
8450 PAPELON WAY JACKSONVILLE FL 32217 US	P.O. BOX 24336 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10010 BELLE RIVE BLVD	
Suite, Apt. #, etc.: #610	Suite, Apt. #, etc.:
City & State: JACKSONVILLE FL	City & State:
Zip: 32256 (~~32258~~) Country: USA	Zip: Country:

4. FEI Number 59-3386654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKS, DWIGHT W 8450 PAPELON WAY JACKSONVILLE FL 32217	Name: DWIGHT W. PARKS Street Address (P.O. Box Number is Not Acceptable): 10010 BELLE RIVE BLVD #610 City: JACKSONVILLE Zip Code: 32256

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.

SIGNATURE [signature] DWIGHT W. PARKS 4-25-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARKS, TRACI L 8450 PAPELON WAY JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. TRACI L. PARKS 5230 ROLLINS AVE JACKSONVILLE FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PARKS, DWIGHT W 8450 PAPELON WAY JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES DWIGHT W. PARKS 10010 BELLE RIVE BLVD #610 JACKSONVILLE FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DWIGHT W. PARKS 4-25-01 904-759-6296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)