

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90654 032 \*\*\*150.00

**DOCUMENT # P96000057956**

1. Entity Name  
**RIVERWAY BUILDERS, INC.**

Principal Place of Business  
**10010 BELLE RIVE BLVD.**  
**# 610**  
**JACKSONVILLE FL 32256**  
**US**

Mailing Address  
**P.O. BOX 24336**  
**JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5230 ROLLINS AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 23422**  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL**  
 Zip  
**32207**  
 Country  
**FLORIDA**

City & State  
**JACKSONVILLE FL**  
 Zip  
**32241**  
 Country  
**FLORIDA**

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

**PARKS, DWIGHT W**  
**10010 BELLE RIVE BLVD.**  
**# 610**  
**JACKSONVILLE FL 32256**

## 7. Name and Address of New Registered Agent

Name  
**TRACI G PARKS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5230 ROLLINS AVE**  
 City  
**JACKSONVILLE** **FL** Zip Code  
**32207**

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 Traci G Parks, President TRACI G PARKS President 4-23-02  
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PARKS, TRACI L</b> <b>5230 ROLLINS AVENUE</b> <b>JACKSONVILLE FL 32207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PARKS, DWIGHT W</b> <b>10010 BELLE RIVE BLVD. # 610</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Traci G Parks, President TRACI G PARKS President 4-23-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)