1/10

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 04, 2003 8:00 am**
**Secretary of State**
01-10-2003 90104 045 ***150.00

DOCUMENT # P96000076665

1. Entity Name
Rivic Inc.

[redacted]

55004750

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 51 Country Clus Rd. | 51 Country Club Rd |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. — |
| City & State: Shalimar Fla | City & State: Shalimar, Fla. |
| Zip: 32579 Country: USA | Zip: 32579 Country: USA |

4. FEI Number: 59-3406068 ☐ 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

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: Richard C. Lovette — Richard C. Lovette — 1/8/03
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 $550.00**
**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 | Pres |
| NAME | Richard C. Lovette |
| STREET ADDRESS | Shalimar, Fla 32579 |
| CITY-ST-ZIP | 51 Country Club Rd |
| TITLE | Vice Pres |
| NAME | Victoria M. Lovette |
| STREET ADDRESS | (Same as above) |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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CR2E034B (12/02)

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:** Richard C Lovette — Richard C. Lovette — (850) 651-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

55004750

[redacted]

Please Note P96000076665

My Document # became lost during my recent move.

You had my old address listed as:

Rivic Inc

214 Lincoln Dr SE

Ft. Walton Beach, Fla ~~32541~~ 32547

The new address is:

Rivic Inc

51 Country Club Rd

Shalimar, Fla 32579

Phone # (850) 651-7065

Thank You.

Richard C Lovett

* President: Richard C. Lovette

51 Country Club Rd

Shalimar, Fla 32579

Vice President: Victoria M. Lovette

51 Country Club Rd

Shalimar, Fla 32579