

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 002 ***550.00

DOCUMENT # P99000017998

1. Entity Name
AA RIVERHOUSE, INC.



Principal Place of Business
**1403 FREDERICK DR.
TALLAHASSEE FL 32308**

Mailing Address
**1403 FREDERICK DR.
TALLAHASSEE FL 32308**

2. Principal Place of Business

4110 Tralee Road

Suite, Apt. #, etc.

3. Mailing Address

4110 Tralee Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32309

Country

Leon

Zip

32309

Country

Leon

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

SMITH, AUDIE BYRON

4110 TRALEE RD.

TALLAHASSEE FL 32308-9

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

Audie Byron Smith

07/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☒ Delete
NAME **SMITH, AUDIE**
STREET ADDRESS **1403 FREDERICK DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **D** ☐ Delete
NAME **SMITH, ADELAIDE M**
STREET ADDRESS **1403 FREDERICK DR. 4110 Tralee Rd**
CITY-ST-ZIP **TALLAHASSEE FL 32308 Tallahassee, FL 32309**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Audie Byron Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/03
Date

850 893-3606
Daytime Phone #

CR2E034 (4/03)