

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0031227 AV

DOCUMENT # P99000062529

1. Entity Name
RIVMA, INC.



04-16-2003 90127 018 ***150.00

Principal Place of Business
**9041 SOUTHSIDE BLVD
180
JACKSONVILLE FL 32256**

Mailing Address
**3509 CHESTNUT HILL COURT
JACKSONVILLE FL 32223**



2. Principal Place of Business

3. Mailing Address

11067 Barbizon Cir W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
JACKSONVILLE FL

4. FEI Number **59-3587735**

Applied For
Not Applicable

Zip

Country

Zip
32257

Country
USA

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

**RIVERS, MARK A
3509 CHESTNUT HILL COURT
JACKSONVILLE FL 32223**

Name
MARK RIVERS A
Street Address (P.O. Box Number is Not Acceptable)
11067 Barbizon Cir W
City
JACKSONVILLE FL Zip Code
32257

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 *Mark A Rivers*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/03

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIVERS, MARK A
3509 CHESTNUT HILL COURT
JACKSONVILLE FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARK RIVERS A
11067 Barbizon Cir W
JACKSONVILLE FL 32257** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Mark A Rivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)