

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30391

1. Entity Name

RIVERVIEW CONSULTANTS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90075 013 ***150.00

Principal Place of Business

Mailing Address

5248-4 NORWOOD AVE
JACKSONVILLE FL 32202

5248-4 NORWOOD AVE
JACKSONVILLE FL 32202-1902

2. Principal Place of Business

1010 EAST ADAMS STREET

3. Mailing Address

1010 EAST ADAMS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3123954

Applied For

Not Applicable

Zip

32202

Country

FLORIDA

Zip

32202

Country

FLORIDA

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

HUDSON, WILLIE L
854 TURTLE CREEK DRIVE NORTH
JACKSONVILLE FL 32218

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.

SIGNATURE

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, 2000 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 PC
NAME HUDSON, WILLIE L.
STREET ADDRESS 854 TURTLE CREEK DR. N.
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE PCS
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VPTD
NAME HUDSON, CAROLYN P.
STREET ADDRESS 854 TURTLE CREEK DR. N.
CITY-ST-ZIP JACKSONVILLE FL 32218

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Willie L. Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-00

Date

(904) 632-0930

Daytime Phone #