

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-16-2001 90008 010 ***150.00

DOCUMENT # J62928

1. Entity Name
RIVERSIDE LEASING COMPANY

Principal Place of Business
 2211 OKEECHOBEE RD
 FORT PIERCE FL 34950-6552
 US

Mailing Address
 2211 OKEECHOBEE RD
 FORT PIERCE FL 34950-6552
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2164828**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LLOYD, VINCENT A.
2211 OKEECHOBEE ROAD
FORT PIERCE FL 33450

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SMITH, VERNON D	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, TIM E	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	BP	<input type="checkbox"/> Delete
NAME	MCGRATH, LAWRENCE A	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CREAMER, JAMES E	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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:

See attached Tim E. Brown

Tim E. Brown 7-13-2001

861-462-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #