

2601 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P01000001344

1. Entity Name

RIVERSIDE MOTORS, INC.

Principal Place of Business

Mailing Address

1004 U.S. Highway 1
Sebastian, FL 32958

1004 U.S. Highway 1
Sebastian, FL 32958

2. Principal Place of Business

1004 U.S. Highway 1

Suite, Apt. #, etc.

3. Mailing Address

1004 U.S. Highway 1

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FEI Number

651066964

Applied For

Not Applicable

Zip

32958

Country

U.S.A.

Zip

32958

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

John B. Bowdle
1004 U.S. Highway 1
Sebastian, FL 32958

7. Name and Address of New Registered Agent

Name
James G. Carter

Street Address (P.O. Box Number is Not Acceptable)

1004 U.S. Highway 1

City

Sebastian

FL

Zip Code

32958

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.

James G. Carter, P/V/S/T/D

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

TITLE	P/V/D	<input checked="" type="checkbox"/> Delete
NAME	John B. Bowdle	
STREET ADDRESS	1004 U.S. Highway 1	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	S/T/D	<input checked="" type="checkbox"/> Delete
NAME	Susan Huddleston	
STREET ADDRESS	1004 U.S. Highway 1	
CITY-ST-ZIP	Sebastian, FL 32958	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James G. Carter	
STREET ADDRESS	1004 U.S. Highway 1, Sebastian, FL 32958	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: James G. Carter

James G. Carter

8-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 AUG 31 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)