2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am DOCUMENT # P93000011334 1. Entity Name **Secretary of State** RIVA INDUSTRIES, INC. 03-04-2000 90109 032 ***150.00 Principal Place of Business Mailing Address 4986 113TH AVE.N. 4986 113TH AVE.N. CLEARWATER FL 33760 CLEARWATER FL 33760-4831 C0031469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3165146 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CATON, RICHARD P ESQ Street Address (P.O. Box Number is Not Acceptable) WILLIAMSON, DIAMOND & CATON, P.A. 7843 SEMINOLE BLVD. SEMINOLE FL 33772 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change **X** Delete TITLE TITLE VASELL, JUDITH A NAME NAME STREET ADDRESS STREET ADDRESS 4986 113TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change ☐ Addition ☐ Delete TITLE onheimer, William Gunnar SPONHEIMER, GUNNAR NAME NAME 86-113+hAven. 4986 113TH AVE N. STREET ADDRESS STREET ADDRESS arwater, FL 33760 CITY-ST-7IP CITY-ST-2IP CLEARWATER FL **X** Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Clearwater FL 33760 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Maule Many John Leiner MALYANN Sponheimen 2/88/00 127-32

CITY-ST-ZIE