2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P94000039962 1. Entity Name RIVERSIDE GLASS COMPANY, INC. 03-21-2000 90081 043 ***150.00 Mailing Address Principal Place of Business 3875 SAVANNAHS TRAIL 3875 SAVANNAHS TRAIL MERRITT ISLAND FL 32953-8633 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3241453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered JOHNSON, RONALD C Street Address (P.O. Box Number is Not Acceptable) 3875 SAVANNAHS TRAIL MERRITT ISLAND FL 32953 City 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. SIGNATU FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its J Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition JOHNSON, DONNA S NAME NAME 3875 SAVANNAH TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Addition ☐ Delete TITLE TITLE JOHNSON, RONALD C NAME NAME 3875 SAVANNAH TRAIL STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE TITLE SHANKS, DORIS NAME NAME 908 ACACIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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