

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90725 001 ***150.00

DOCUMENT # P95000075262

1. Entity Name
RIVERSIDE FINANCIAL COMPANY



Principal Place of Business
417 5TH AVE.
INDIALANTIC, FL 32903 US

Mailing Address
2810 US HWY 1
FORT PIERCE, FL 34982 US

11040068



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0613800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, VERNON D
417 5TH AVE.
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME	PD SMITH, VERNON D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	417 5TH AVE. INDIALANTIC, FL 32903	
TITLE NAME	VD CREAMER, JAMES E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	417 5TH AVE. INDIALANTIC, FL 32903	
TITLE NAME	VD MCGRATH, LAWRENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	417 5TH AVE. INDIALANTIC, FL 32903	
TITLE NAME	D MCGOFFIN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	417 5TH AVE. INDIALANTIC, FL 32903	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON D. SMITH

4-30-03 772-462-5056

Date

Daytime Phone #

CR2034 (10/02)