

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

04-04-2001 90110 031 ***150.00

DOCUMENT # R97000091958

1. Entity Name
RIVERSIDE PLASTICS, INC.

Principal Place of Business
**1699 BEARDALL AVE., STE. 157
 SANFORD FL 32771**

Mailing Address
**421 CLARK HILL ROAD
 OSTEEN FL 32764**

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 **59-3486119**

Applied For

Not Applicable

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

**CLARKE, ARTHUR L
 1699 BEARDALL AVE., STE. 157
 SANFORD FL 32771**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **CLARKE, ARTHUR L**
 STREET ADDRESS **421 CLARK HILL ROAD**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CLARKE, MARY**
 STREET ADDRESS **421 CLARK HILL ROAD**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

ARTHUR L. CLARKE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01 - (407) 324-4218
 Date Daytime Phone #

CR2E034 (5/01)

Attachment
ID# P97000091958
50255

DIVISION OF CORPORATIONS - RIVERSIDE PLASTICS INC
P.O. Box 1500 - 421 CLARK HILL RD
TALLAHASSEE - FL - 32302-1500
OSTEEN - FL - 32764
JULY 5th - 2001

DOCUMENT # P97000091958
F.E.I. # 59-3486119

ON JULY 2-2001, I RECEIVED BY ~~MAIL~~^{MAIL} A
UNIFORM BUSINESS REPORT FOR 2001 DUE BY 9/12/01.
I CALLED INQUIRING WHY A SECOND
FORM WAS SENT. I WAS TOLD THE ORIGINAL FORM
WAS NOT SIGNED AND HAD BEEN RETURNED.
IT HAS NOT BEEN RECEIVED BY ME TO DATE.
I WAS TOLD TO CALL THE DEPT. OF
REINSTATEMENT (850-245-6059). I WAS
INSTRUCTED TO SIGN THE FORM SENT AND RETURN
IT WITH A NOTE EXPLAINING THAT I HAD NOT
RECEIVED THE RETURNED FORM FOR SIGNING.
RIVERSIDE ^{PLASTICS} CHECK # 1475 - dtd 4/1/01 - FOR \$150.00

Yours Truly

Arthur W. Parke