

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095166

1. Entity Name

RIVERSIDE TRANSPORTATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90035 032 ***150.00

Principal Place of Business

Mailing Address

1008 BELL AVENUE
FORT PIERCE FL 34982

1008 BELL AVENUE
FORT PIERCE FL 34982-6581

2. Principal Place of Business

3. Mailing Address

1150 BELL AVE

PO BOX 698

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FORT PIERCE FL

FT. PIERCE FL

4. FEI Number

65-0878145

Applied For

Not Applicable

Zip

Country

Zip

Country

34982

34954

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

CICCARELLI, MARK V
1008 BELL AVENUE
FORT PIERCE FL 34982

Name

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

1150 BELL AVE

City

FL

Zip Code

8. The above named entity solemnly certifies that the 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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CICCARELLI, MARK V	
STREET ADDRESS	1008 BELL AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, for all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)