2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P99000045571 1. Entity Name RIVERSIDE TRUCK & AUTO SALES, INC. 05-17-2000 90912 038 ***150.00 Principal Place of Business Mailing Address 413 N. HARBOUR CITY BLVD. 413 N. HARBOUR CITY BLVD. MELBOURNE FL 32935 MELBOURNE FL 32935-6835 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Numbe Applied For Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LONBUR WILANSKY, SANDRA (P.O. Box Number is Not Acceptable) 413 N. HARBOUR CITY BLVD. MELBOURNE FL 32935 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 FILE NOW!!! FEE IS \$150.00 • 9). This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 113 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE FONTANA, GEORGE GONTANA GRUNGE NAME . NAME 4815 RIVERSIDE RD. STREET ADDRESS STREET ADDRESS 3875 BURTUN RA CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP ☐ Delete TITLE TITLE WILANSKY, SANDRA NAME NAME FUTTONA JOHN 575 DESOTO PKWY. STREET ADDRESS STREET ADDRESS 3875 BATTUR RA. 76 325 TO SEC. TRES. Change - Change - Change - C. CITY-ST-ZIP INDIAN HARBOUR BEACH FL CITY-ST-ZIP __ Change — Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS 3875 BURTON RA. STREET ADDRESS CITY-ST-ZIP ろンらずひ MAINBAK TI CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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:

CITY-ST-ZIP

SIGNO DILLE CONTROL FORTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 321-255-227

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