2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 14, 2001 8:00 am Secretary of State DOCUMENT # P99000045571 1. Entity Name @ 05-18-2001 90012 038 ***150.00 RIVERSIDE TRUCK & AUTO SALES, INC. Principal Place of Business Mailing Address 413 N. HARBOUR CITY BLVD. 413 N. HARBOUR CITY BLVD. MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3577479 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHETTEL あかしゅぎゅ WILANSKY, SANDRA Street Address (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. Tres d Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE ☐ Detete TITLE NAME FONTANA, GEORGE MAME STREET ADDRESS 4815 RIVERSIDE RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL TITLE Delete Change ☐ Addition WILANSKY, SANDRA NAME NAME STREET ADDRESS 575 DESOTO PKWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BEACH FL TITLE Sec Thes ☐ Delete TITLE ☐ Change ☐ Addition HALLE GRETTEL. NAME 3875 BURTON WIT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 32950 mala Bar TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.