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2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 02, 2002 8:00 am Secretary of State P99000045571 DOCUMENT # 1. Entity Name 04-02-2002 90861 035 ***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 Applied For 4. FEI Number 59-3577479 Not Applicable Country Zip 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 Name FONTANA, GRETTEL Street Address (P.O. Box Number is Not Acceptable) 3875 BURTON ROAD MALABAR FL 32950 City 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 This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESTORNT TITLE Delete TITLE ☐ Addition CR2E034 (9/01) GRETTEL FOUTANA NAME FONTANA, GEORGE NAME 3875 BURTON RO. STREET ADDRESS 4815 RIVERSIDE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL MALABAR, 76 TITLE Delete TITLE ☐ Change Addition JOHN FONTANA NAME NAME WILANSKY, SANDRA 250 VERNUN PL. STREET ADDRESS STREET ADDRESS 575 DESOTO PKWY. CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BEACH FL 76 32201 ☐ Change Addition TITLE Delete NAME NAME FONTANA, GRETTEL STREET ADDRESS STREET ADDRESS 3875 BURTON ROAD CITY-ST-ZIP CITY-ST-ZIP MALABAR FL 32950 ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ÎŢĹE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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