

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90068 031 ***150.00

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1. Entity Name
RIVERSIDE PROPERTIES OF PASCO, INC.



Principal Place of Business
**6105 LAFAYETTE ST.
NEW PORT RICHEY FL 34652**

Mailing Address
**PO BOX 1002
N PORT RICHEY FL 34656-1002**



2. Principal Place of Business

22346 Magnolia Trace Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1929
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number **59-3580726**

Applied For

Not Applicable

Zip

Country

33549 Pasco

Zip

Country

33548-1929 Pasco

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, ROBERT M
6105 LAFAYETTE ST.
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name
Wilson, Robert M. Sr.
Street Address (P.O. Box Number is Not Acceptable)
22346 Magnolia Trace Blvd
Lutz
City
FL Zip Code
33549

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert M. Wilson Sr.** **Robert M. Wilson, President** **3-01-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ Delete
NAME **WILSON, ROBERT M JR.**
STREET ADDRESS **6105 LAFAYETTE ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **SDV** ☒ Delete
NAME **WILSON, DEBRA A**
STREET ADDRESS **6105 LAFAYETTE ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President - Secretary** ☒ Change ☐ Addition
NAME **Wilson, Robert M. Sr.**
STREET ADDRESS **22346 Magnolia Trace Blvd**
CITY-ST-ZIP **Lutz, FL 33549**

TITLE **Vice President - Treasurer** ☒ Change ☐ Addition
NAME **Wilson, Bonnie Kay**
STREET ADDRESS **22346 Magnolia Trace Blvd**
CITY-ST-ZIP **Lutz, FL 33549**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert M. Wilson Sr.** **Robert M. Wilson Sr.** **3-01-03** **813-620-3870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)