

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0032082 AV

04-09-2002 90041 006 ***150.00

DOCUMENT # 203388
 1. Entity Name
RIVERS BUS SALES, INC.

Principal Place of Business Mailing Address
10626 GENERAL AVE **P.O. BOX 6009**
JACKSONVILLE FL 32220 **JACKSONVILLE FL 32236**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0815577** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHAFFER, LAWRENCE H
9002 CAMSHIRE DR
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable).
 City **FL** 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.
 SIGNATURE _____ (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, 2002 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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCHAFFER, LAWRENCE H | |
| STREET ADDRESS | 9002 CAMSHIRE DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LOTSHAW, WILLIAM C | |
| STREET ADDRESS | 6268 LEWARD CT | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SEARCY, ERNEST J | |
| STREET ADDRESS | 10728 FALL CREEK DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32222 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CRAIG, JENNIFER M | |
| STREET ADDRESS | 8550 LORI ANN CT. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32220 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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, with all other like empowered.

SIGNATURE: *[Signature]* **1-7-02 904-783-0313**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)