

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H51649**

1. Entity Name

INDEPENDENCE RV SALES & SERVICE, INC.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90144 006 ***150.00

UN/54020

Principal Place of Business

**12705 W COLONIAL DR
215 NORTH EOLA DRIVE
WINTER GARDEN FL 34787
US**

Mailing Address

**% SHAWN G RADER
215 N EOLA DR
ORLANDO FL 32801-2028
US**

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 **59-2648497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RADER, SHAWN G.
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	JORDAN, WILLIAM R	
STREET ADDRESS	2252 FOUNTAIN KEY CIRCLE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	S	☐ Delete
NAME	JORDAN, JULIE H	
STREET ADDRESS	2252 FOUNTAIN KEY CIR	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VP	☐ Delete
NAME	SIMPSON, CHARLES E	
STREET ADDRESS	10300 BINCHTREE LANE	
CITY-ST-ZIP	WINDEMERE FL 34786	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

William R Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. JORDON, PRESIDENT

1-9-01 (407)877-7878

Date

Daytime Phone #

CR2E034 (10/00)