2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P95000054579 RECREATION VEHICLES STORAGE. INC. 01-29-2001 90091 030 ***150.00 Principal Place of Business Mailing Address 1101 W KENNEDY BLVD 1101 W KENNEDY BLVD ORLANDO FL 32810 ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3324472 Not Applicable Zip 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 BERGENSKE, GARY J. Street Address (P.O. Box Number is Not Acceptable) 1101 W KENNEDY BLVD ORLANDO FL 32810 Zip Code City 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. red agent and title if applicable (NOTE: Registered 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** ☐ Addition ☐ Delete TITLE TITLE BERGENSTE, GARY J NAME NAME STREET ADDRESS 1101 W KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL **Addition** DIFECTOR Change TITLE ☐ Delete TITLE CARRIE KIBLER NAME NAME 1101 W. Kennedy Blue. STREET ADDRESS STREET ADDRESS Oflando, PL. CITY-ST-7IP CITY-ST-ZIP Delete Change Addition TITLE __ TITLE DIRECTOR LISA Bergenske NAME NAME STREET ADDRESS STREET ADDRESS Octando, Pc. 32 810 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. Bergenske

407 -875-000*0*

Daytime Phone #