2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P95000054579 1. Entity Name 03-27-2002 90046 027 ***150.00 RECREATION VEHICLES STORAGE, INC. Principal Place of Business Mailing Address 1101 W KENNEDY BLVD 1101 W KENNEDY BLVD B0053274 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3324472 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. 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 П 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 TITLE **PVST** ☐ Delete Addition CR2E034 (9/01 TITLE. Bergertke, Gary J BERGENSTE, GARY J NAME NAME "Spelling" 1101 W KENNEDY BLVD STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Kibler, Carrie M. TITLE ☐ Delete TITLE ☐ Change NAME KILLER, CARRIE NAME STREET ADDRESS 1101 W KENNEDY BLVD. STREET ADDRESS CITY-ST-7IP ORLANDO FL 32810 CITY-ST-ZIP TITLE Delete Change - Addition NAME BERGENSKE, LISA STREET ADDRESS 1101 W KENNEDY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 add pass, with all pher like empowered.

FILED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40)-875-0000