

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90084 007 ***150.00

DOCUMENT # 303496

1. Entity Name
REVELS NATIONWIDE R.V. SALES, INC.

Principal Place of Business 1726 CASSAT AVE JACKSONVILLE FL 32210 US	Mailing Address 1726 CASSAT AVE JACKSONVILLE FL 32210 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE.

4. FEI Number 59-1156783		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent REVELS, CLAYTON E. 1530 FRASER ROAD GREEN COVE SPRINGS FL 32043		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELS, MILDRED M.	NAME	
STREET ADDRESS	PO BOX 158 N/A	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, TRINA R.	NAME	
STREET ADDRESS	PO BOX 1186	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELS, CLAYTON E.	NAME	
STREET ADDRESS	PO BOX 158 N/A	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RHONDA R	NAME	
STREET ADDRESS	2515 E INNES ST.	STREET ADDRESS	
CITY-ST-ZIP	SALISBURY NC 28146	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICK H	NAME	
STREET ADDRESS	PO BOX 1186	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Trina Revels Baker **TRINA Revels BAKER** Date: 4-27-01 (904)388-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)