

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003174

1. Entity Name  
RVS MARKETING, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90002 046 \*\*\*550.00

Principal Place of Business  
4310 PARADISE RD.  
LAS VEGAS NV 89109-0

Mailing Address  
4310 PARADISE RD.  
LAS VEGAS NV 89109-0

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 88-0362127

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

9/13/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	MCMURTRIE, GREGG A	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BALTUSKONIS, CHARLES G	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HIRSCH, HERBERT B	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	CROOK, DAVID H	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEMMAN, KRISTEN L	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEPH, JON A.	
STREET ADDRESS	4310 PARADISE RD	
CITY-ST-ZIP	LAS VEGAS NV 89109	

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	<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	<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:

*Charles Baltuskonis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00  
Date

Daytime Phone #