

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012161 AF

DOCUMENT # L99000004275

1. Entity Name
RV TECH, L.L.C.

00 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2190 BAUER ROAD
PENSACOLA FL 32506

Mailing Address
2190 BAUER ROAD
PENSACOLA FL 32506-8199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10880 Lillian Hwy.

3. Mailing Address
10880 Lillian Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL 32506

City & State
Pensacola, FL 32506

4. FEI Number
59-3587947

Applied For
Not Applicable

Zip
32506 Country
Escambia

Zip
32506 Country
Escambia

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY DOUGLAS ALLBRITTON, JR.
2190 BAUER ROAD
PENSACOLA FL 32506

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GARY DOUGLAS ALLBRITTON, JR.
2190 BAUER ROAD
PENSACOLA FL 32506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003280752--9
-06/08/00--01009--002
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4/28/00

SIGNATURE: *Gary Douglas Allbritton, Jr.* SIGNATURE REQUIRED Gary Douglas Allbritton, Jr. 850-453-8976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CF2E03 (9/93)