

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004275

1. Entity Name

RV TECH, L.L.C.

FILED

02 NOV -7 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10880 LILLIAN HWY.  
PENSACOLA FL 32506

Mailing Address

10880 LILLIAN HWY.  
PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

3876 Peachtree Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bartlett, TN

Zip

Country

Zip

Country

38135

USA

4. FEI Number 59-3587947

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Jeff Kelley

Street Address (P.O. Box Number is Not Acceptable)

75 Belleau Woods Court

City

Pensacola, FL

Zip Code

32506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

28 OCT 02  
10/4/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARY DOUGLAS ALLBRITTON, JR. 2190 BAUER ROAD PENSACOLA FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3876 Peachtree Ln. Bartlett, TN 38135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600008843166 11/07/02--01004--014 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Gary Douglas Allbritton Jr.

10/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/4/02

901-377-3876

Date

Daytime Phone #

CR2E083 (4/02)