

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000038053**

1. Entity Name
RVMD, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90014 034 ***150.00

Principal Place of Business
126 HOLLOW BRANCH CROSSING
ORMOND BEACH FL 32174

Mailing Address
126 HOLLOW BRANCH CROSSING
ORMOND BEACH FL 32174

040010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593641073

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, VICKI
126 HOLLOW BRANCH CROSSING
ORMOND BEACH FL 32174

Name

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

City

State

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 re-statuting)

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, VICKI	
STREET ADDRESS	126 HOLLOW BRANCH CROSSING	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	126 HOLLOW BRANCH CROSSING	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, RAY	
STREET ADDRESS	126 HOLLOW BRANCH CROSSING	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vicki W. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2001

Date

386-677-1319

Date and Phone

CR2E034 (10/00)