2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040867 1. Entity Name J&C RV SALES, INC. Principal Place of Business Mailing Address 11113 U.S. HWY. 19 11113 U.S. HWY. 19 PT. RICHEY FL 34668 PT. RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address 11113 U.S. HWY. 11113 U.S. Hwy. 19

FILED Mar 20, 2001 8:00 am Secretary of State

03-20-2001 90023 012 ***158.75



DO NOT WRITE IN THIS SPACE

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City & State		City & State Port Richey, FL Zip Country		4. FEI Number			Applied For
<u>Port</u>	Richey, FL Country	PORT KICK	PLY, FL	_ 2	59- <i>3643258</i>		Vot Applicable
346	68 USA	34668	U.S.A	5. (Certificate of Status Desired	\$8.75 A	
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Address of New Register	ed Agent	
wor	.f, david H		Name				
	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	13 U.S. HWY. 19 RICHEY FL 34668					.	
	10/12/12 51000						
			City		F	Zip Co	de
8. The above	named entity submits this statement for t	he purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Florida.		
				Ĭ	1		
SIGNATURE.	David H. Wolf	David H. I	Volf - Pres	side	nt 03	<u>- 15 -2</u>	001
	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signature req	uired when re	Dinstating) DAT	E	
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.00		10. Election Campaign Financing	¢ E	00 May Be
· · · · · · · · · · · · · · · · · · ·			001 Fee will be \$550.0		Trust Fund Contribution.		ed to Fees
(See criter			ble to Department of				·
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A		
TITLE	PSD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	WOLF, DAVID H		NAME				
STREET ADORESS CITY-ST-ZIP	11113 U.S. HWY. 19		STREET ADDRESS CITY-ST-ZIP				
	PT. RICHEY FL 34668 PSD		_ f -				Addition
TITLE NAME	WOLF, KATHIE L	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	11113 U.S. HWY. 19		STREET ADDRESS				
CITY-ST-ZIP	PT. RICHEY FL 34668		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				_
STREET ADDRESS			STREET ADDRESS				
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CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE :			☐ Change	Addition Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
						Chanca	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
J G, L			3 3. 2				

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Pavid H. Wolf-President 03-15-2001