

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000083048

FILED
Apr 28, 2003
Secretary of State

Entity Name: FLORIDA RV, INC.

Current Principal Place of Business:

5838 RICKER ROAD
SUITE 100
JACKSONVILLE, FL 322441605

New Principal Place of Business:

Current Mailing Address:

5838 RICKER ROAD
SUITE 100
JACKSONVILLE, FL 322441605

New Mailing Address:

FEI Number: 59-3671383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDERSON, MONTGOMERY W
5838 RICKER RD
JACKSONVILLE, FL 322441605 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDERSON, MONTGOMERY W
Address: 5838 RICKER ROAD
City-St-Zip: JACKSONVILLE, FL 322441605

Title: D () Delete
Name: HENDERSON, KAREN G
Address: 5838 RICKER RD
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTGOMERY W. HENDERSON

D

04/28/2003

Electronic Signature of Signing Officer or Director

Date