

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112774

1. Entity Name

R.V.P. FACTORY, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90104 020 ***150.00

Principal Place of Business

Mailing Address

13818 SCHOONER POINT DRIVE
JACKSONVILLE FL 3222513818 SCHOONER POINT DRIVE
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

8595 Beach Blvd

8595 Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 326

Ste 326

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32216

USA

32216

USA

4. FEI Number

Applied For

54-3686558

Not Applicable

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

FORD JETER BOWLUS DUSS & MORGAN PA
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

Name: Tammy Meyer

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

8595 Beach Blvd

Ste. 326

City: Jacksonville

FL

Zip Code
32216

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

Tammy Meyer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/01

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 State10. 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | MEYER, JAMES T | |
| STREET ADDRESS | 13818 SCHOONER POINT DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |

| | | |
|----------------|-------------------------|--|
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James Meyer | |
| STREET ADDRESS | 8595 Beach Blvd Ste 326 | |
| CITY-ST-ZIP | Jacksonville, FL 32216 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Tammy Meyer | |
| STREET ADDRESS | 8595 Beach Blvd. Ste 326 | |
| CITY-ST-ZIP | Jacksonville, FL 32216 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE: X Tammy Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 904-998-3648

Date

Daytime Phone #

CR2E034 (10/00)