

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

DOCUMENT # **P01000017139**

1. Entity Name

NRSV CORPORATION



04-21-2004 90021 038 ***150.00

DO NOT WRITE IN THIS SPACE

54037913

2. Principal Place of Business **INC.**
Egan, Chris S. Ssg.

3. Mailing Address
910 NRSV Corp.

Suite, Apt. #, etc.
20761 Chestnut St.

Suite, Apt. #, etc.
P.O. Box 406

City & State
Dunnellon Fla

City & State
Dunnellon Fla

Zip
34431

Country
Marion

Zip
34430

Country
Marion

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.P.
Dorothy A. Shelton
P.O. Box 406
Dunnellon, Fla. 34430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.
Dorothy A. Shelton
P.O. Box 406
Dunnellon, Fla. 34430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T.
To be assigned**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/04 (352) 465-5226

CR2E034B (12/02)