

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90110 019 ***158.75

DOCUMENT # P01000043652

1. Entity Name
RWV ENTERPRISES, INC.



Principal Place of Business
**3691 AVALON BLVD
MILTON FL 32583**

Mailing Address
**3691 AVALON BLVD
MILTON FL 32583**

2. Principal Place of Business
4656 Gulf Breeze Parkway
Suite, Apt. #, etc.

3. Mailing Address
4656 Gulf Breeze Parkway
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Gulf Breeze Florida
Zip
32563

City & State
Gulf Breeze Florida
Zip
32563

4. FEI Number
47-0848411

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALLAURI, RICHARD
3691 AVALON BLVD
MILTON FL 32583**

7. Name and Address of New Registered Agent

Name
Richard Vallauri
Street Address (P.O. Box Number is Not Acceptable)
4656 Gulf Breeze Parkway
City
Gulf Breeze **FL** Zip Code
32563

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	VALLAURI, RICHARD	
STREET ADDRESS	3994 SPANISH MOSS COVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Vice President of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Stettner	
STREET ADDRESS	7078 Majestic Blvd	
CITY-ST-ZIP	Navarre, Florida 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christopher Stettner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 916 1001

CR2E034 (10/02)