

4/8/02

FILED
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90227 035 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000061959**

1. Entity Name

RSVP COLLECTIONS, INC.

Principal Place of Business

6188 DELTONA BLVD
SPRING HILL FL 34806

Mailing Address

6188 DELTONA BLVD
SPRING HILL FL 34806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3725155

Applied For

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

WOHLLEBEN, JOAN M
8244 GERONA ST
SPRING HILL FL 34468

Name

ERNEST WOHLLEBEN, JR

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

9244 GERONA STREET

City

SPRING HILL

FL

Zip Code

34468

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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
NAME
STREET ADDRESS
CITY - ST - ZIPD
ERNEST, ERNEST C JR
8244 GERONA ST
SPRING HILL FL 34468☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
FRAGA, GEORGE
330 E JERICHO TURNPIKE
HUNTINGTON STATION NY 11748☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD
WOHLLEBEN, ERNEST
8244 GERONA ST
SPRING HILL FL 34468☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ERNEST WOHLLEBEN, JR

☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

0325034 (2/01)