FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084547

1. Entity Name
RV DREAM SHARE, INC.

11034660

Principal Place of Business
1103 13TH AVE. N
JACKSONVILLE BEACH, FL 32250

Mailing Address
1103 13TH AVE. N
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business: 1103 13th Ave-North
Suite, Apt. #, etc.: Jax. Bch. FLA.
City & State
Zip: 32250 Country: Duval

3. Mailing Address: 1103 13th Ave. North
Suite, Apt. #, etc.: Jax. Bch. FLA.
City & State
Zip: 32250 Country: Duval

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3741175 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERRY, JACOB C
1103 13TH AVE. N
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: RV Dream Share Jacob C. Perry Pres. [signature] 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE ON OR BEFORE MAY 1, 2003 $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, JACOB C 1103 13TH AVE. N JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/02)

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: RV Dream Share Inc. Jacob C. Perry Pres. Jacob C. Perry 4/28/03 904-246-5813
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #