

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90101 037 \*\*\*150.00

**DOCUMENT # P02000030188**

1. Entity Name  
**R.C.V. GROUP CORPORATION**



Principal Place of Business  
**1330 21ST AVENUE NORTH  
SAINT PETERSBURG FL 33704**

Mailing Address  
**1330 21ST AVENUE NORTH  
SAINT PETERSBURG FL 33704**

**60011503**



2. Principal Place of Business  
**1125 4TH ST NORTH**  
Suite, Apt. #, etc.

3. Mailing Address  
**3901 PAMPANO DR S.E.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**ST PETERSBURG FL**  
Zip  
**33705**

City & State  
**ST PETERSBURG FL**  
Zip  
**33705**

4. FEI Number  
**04-36-238-77**  
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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name  
**RAYMOND VENCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3901 PAMPANO DR. S.E.**  
City  
**ST PETERSBURG FL** Zip Code  
**33705**

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  **1/27/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
VENCE, RAYMOND  
1330 21ST AVENUE NORTH  
SAINT PETERSBURG FL 33704** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
VENCE RAYMOND  
3901 PAMPANO DR SE.  
ST PETERSBURG FL 33705** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CLAUDIO, DONA  
1330 21ST AVENUE NORTH  
SAINT PETERSBURG FL 33704** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CLAUDIO DONA  
3901 PAMPANO D.R. SE  
ST PETERSBURG FL 33705** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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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 Block 11 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

**1/27/03 895-4339**  
Date Daytime Phone #

CR2E034 (10/02)