

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90285 027 \*\*\*550.00

**DOCUMENT #** P02000064122

**1. Entity Name**  
R V SALES, INC.



**Principal Place of Business**  
17720 HWY 27  
CLERMONT FL 34711

**Mailing Address**  
17720 HWY 27  
CLERMONT FL 34711



☒ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
7130 A STATE ROAD 50  
Suite, Apt. #, etc.

**3. Mailing Address**  
7130 A STATE ROAD 50  
Suite, Apt. #, etc.

**City & State**  
GROVELAND, FL

**City & State**  
GROVELAND, FLORIDA

**4. FEI Number**  
61-1416997

**Applied For**  
☐ Not Applicable

**Zip**  
34736

**Country**  
USA

**Zip**  
34736

**Country**  
USA

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

**6. Name and Address of Current Registered Agent**

JOLLEY, PAULA  
C/O BEST KEPT BOOKS  
1153 10TH ST  
CLERMONT FL 34711

**7. Name and Address of New Registered Agent**

**Name** MARY E LACHINUSA  
**Street Address (P.O. Box Number is Not Acceptable)** 339 N MONTROSE STREET  
**City** Clermont **FL** **Zip Code** 34711

**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**

8/7/03

**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  
**NAME** MCCARTY, SALLY  
**STREET ADDRESS** 17720 HWY 27  
**CITY-ST-ZIP** CLERMONT FL 34711  
☒ Delete **ADDRESS only**

**TITLE** D  
**NAME** MCCARTY, VAUGHN  
**STREET ADDRESS** 17720 HWY 27  
**CITY-ST-ZIP** CLERMONT FL 34711  
☒ Delete **ADDRESS only**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** SALLY MCCARTY ☒ Change ☐ Addition  
**NAME** SALLY MCCARTY  
**STREET ADDRESS** 7130 A STATE ROAD 50  
**CITY-ST-ZIP** GROVELAND FLA. 34736

**TITLE** VAUGHN MCCARTY ☒ Change ☐ Addition  
**NAME** VAUGHN MCCARTY  
**STREET ADDRESS** 7130 A STATE ROAD 50  
**CITY-ST-ZIP** GROVELAND, FLA. 34736

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

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

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

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

**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:** SALLY MCCARTY (VICE PRES.) 8/5/03 352-429-1144  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)