

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90082 017 \*\*\*150.00

**DOCUMENT # P02000129352**



1. Entity Name  
**DRV INVESTMENTS, INC.**

Principal Place of Business  
**8470 CASA DEL RIO LN  
FORT MYERS FL 33919**

Mailing Address  
**8470 CASA DEL RIO LN  
FORT MYERS FL 33919**

2. Principal Place of Business  
**1452 Vendome Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**1452 Vendome Court**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Cape Coral, Florida**  
Zip  
**33904**  
Country

City & State  
**Cape Coral, Florida**  
Zip  
**33904**  
Country

4. FEI Number  
**03-0495829**

Applied For  
☐ Not Applicable

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

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

**SOUTHWEST PROFESSIONAL SERVICES OF SO. FL  
13571 MCGREGOR BLVD #22  
FORT MYERS FL 33919**

**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 \_\_\_\_\_  
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 **DP** ☐ Delete  
NAME **AUKEN, ROBBIE V**  
STREET ADDRESS **8470 CASA DEL RIO LN**  
CITY-ST-ZIP **FORY MYERS FL 33919**

TITLE **VPD** ☐ Delete  
NAME **AUKEN, DONALD V**  
STREET ADDRESS **1452 VENDOME COURT**  
CITY-ST-ZIP **FORT MYERS FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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TITLE ☐ Change ☐ 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: **Donald V Auker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-03-03 239-340-0911**  
Date Daytime Phone #

CR2E034 (10/02)