

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045678

1. Entity Name

R.A.V. SUPPLY, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90035 006 \*\*\*150.00

Principal Place of Business

1445 NORTH CONGRESS AVENUE  
SUITE 8  
DELRAY BEACH FL 33445  
US

Mailing Address

1445 NORTH CONGRESS AVENUE  
SUITE 8  
DELRAY BEACH FL 33445-2558  
US

2. Principal Place of Business

1015 NW 17<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Address

1015 NW 17<sup>th</sup> AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY Bch, FL

City & State

DELRAY Bch, FL

4. FEI Number

65-0563446

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN VALKENBURG, REX A  
3031 CORMORANT RD  
DELRAY BEACH FL 33444

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Rex Van Valkenburg

2/10/00

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VAN VALKENBURG, REX A	
STREET ADDRESS	1445 N CONGRESS AVE	
CITY-ST-ZIP	DELRAY Bch FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VAN VALKENBURG, KATHY J	
STREET ADDRESS	1445 N CONGRESS AVE	
CITY-ST-ZIP	DELRAY Bch FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VALKENBURG, REX A	
STREET ADDRESS	1015 NW 17 AVE	
CITY-ST-ZIP	DELRAY Bch, FL 33445	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VALKENBURG, Kathy J.	
STREET ADDRESS	Delray Beach, FL	
CITY-ST-ZIP	33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

561-276-7720

Daytime Phone #

CR2E034 (9/99)