## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9400071872 1. Entity Name RCV AND ASSOCIATES INCORPORATED Principal Place of Business Mailing Address

FILED May 01, 2000 8:00 am Secretary of State

						05-01-2000 90	368 001 **	*158.7	5
Principal Place	e of Business	Mailing Address		<u>, , , , , , , , , , , , , , , , , , , </u>					
4469 SIBLEY BAY ST. CHARLOTTE HARBOR FL 33980		4469 SIBLEY BAY ST. CHARLOTTE HARBOR FL 33980-2812				,			
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\exists$	DO NOT WRITE IN	THIS SPACE		
City & State		City & State			4. FI	El Number <b>65-0568262</b>		Applied For Not Applicable	
Zip	Country	Zip	Countr	ry	<b>5.</b> C	ertificate of Status Desired	\$8.75 Fee Re	Addition quired	nal
	6. Name and Address of Current F	l Registered Agent			7. N	ame and Address of New Regis		<u>`</u>	
				Name					
4469	GHAN, RICHARD C ) SIBLEY BAY ST.	Street Addres			s (P.O. Box Number is Not Acceptable)				
CHA	RLOTTE HARBOR FL 33980				_ <del>_</del>				
				City	-		FL Zip	Code	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or regis	tered age	nt, or both, in the State of Florida	,	_,	
SIGNATURE _									
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	E: Registered	Agent signature requ	iired when reii	nstating)	DATE		
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. Make Check Payable to Department of		will be \$550.00		10. Election Campaign Financ Trust Fund Contribution.		65.00 N Added to	
11.	OFFICERS AND I		12.		!	DITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN	11
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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 attach the trust with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

acil215,2000

941-625-5358

Daytime Phone #