

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 010 ***150.00

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

10033293

DOCUMENT # P95000049998 1. Entity Name RVU PROPERTIES, INC.			
Principal Place of Business 4601-1 BULLS BAY HWY JACKSONVILLE, FL 32219 US		Mailing Address 4601-1 BULLS BAY HWY JACKSONVILLE, FL 32219 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 550761 Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32255	Country USA	4. FEI Number 59-3324186	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent URSO, ROSS 4601-1 BULLS BAY HWY JACKSONVILLE, FL 32219		7. Name and Address of New Registered Agent Name PAMELA PETROU Street Address (P.O. Box Number Is Not Acceptable) 688 PONTE VEDRA BLVD City PONTE VEDRA BCH FL Zip Code 32082	
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: <u>Pamela Petrou</u> PAMELA PETROU, President (Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature is required when changing.) DATE			
FILING FEE: \$150.00 After May 17, 2003, Filing Fee \$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 D NAME URSO, ROSS STREET ADDRESS 4601-1 BULLS BAY HWY CITY-ST-ZIP JACKSONVILLE, FL 32219	☒ Delete	TITLE P.D.S NAME PETROU, PAMELA STREET ADDRESS 688 PONTE VEDRA BLVD CITY-ST-ZIP PONTE VEDRA BCH, FL 32082	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(1), 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 907, 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: <u>Pamela Petrou, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/24/03	Daytime Phone # (904) 705-4201

CR2E034 (10/02)