

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055039

1. Entity Name  
ARS R.V. SERVICE, INC.

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90055 032 \*\*\*150.00

010417



DO NOT WRITE IN THIS SPACE

Principal Place of Business 106 E MARTIN ST KISSIMMEE FL 34744	Mailing Address 19136 QUINLAN ST. ORLANDO FL 32833
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 106 E. Martin St. Suite, Apt. #, etc.
---	--

City & State Kissimmee, FL	4. FEI Number 59-3391960	Applied For Not Applicable
Zip 34744	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, MICHAEL I  
19136 QUINLAN ST.  
ORLANDO FL 32833

ADDRESS Change

7. Name and Address of New Registered Agent

Name Michael I Ellis  
Street Address (P.O. Box Number is Not Acceptable)  
409 Gerry Ct.  
ST. Cloud  
City FL 34771

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 Michael I Ellis 1/23/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, MICHAEL I 19136 QUINLAN ST. ORLANDO FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael I Ellis 409 Gerry Ct. ST. Cloud, FL 34771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, TERESA L 19136 QUINLAN ST. ORLANDO FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teresa L Ellis 409 Gerry Ct. ST. Cloud, FL 34771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/23/01 407-847-6603  
Date Daytime Phone #

CR2E034 (10/00)