2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: LA

SIGNATURE AND TYPED OR PRINTSD NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 22, 2000 8:00 am Secretary of State DOCUMENT # **P97000003399** RV EVERYTHING, INC. 01-22-2000 90035 004 ***150.00 Principal Place of Business Mailing Address 722 FAIRWAY RIDGE COURT 722 FAIRWAY RIDGE COURT SUN-CITY CENTER FL-33573 SUN CITY CENTER FL 33573-5869 C0009247 2. Principal Place of Business 3. Mailing Address 06 Parkside Place Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number lian Harbour Beach 59-3421664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired re varo 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STARK, CHARLES R. STARK, CHARLES R Street Address (P.O., Box Nymber is Not Acceptable) 722 FAIRWAY RIDGE CT SUN CITY CTR FL 335/3 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete NAME STARK, CHARLES R NAME 1106 Parkside Place Indian Harbour Beach FL 32937 722 FAIRWAY RIDGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE ☐ Delete TITLE STARK, CATHERINE O NAME NAME 1106 Parkside Place Indian Harbour Beach FL 32937 STREET ADDRESS STREET ADDRESS 722 FAIRWAY RIDGE CT CITY-ST-7IP CITY-ST-ZIP SUN CITY CTR FL 33573 ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

R. Stark, fres