

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012281

04-05-2000 90078'021\*\*\*150.00

1. Entity Name  
RDV, INC.

FILED

00 DEC -1 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
4845 BELLE TERRE PKWY.  
STE. C-13  
PALM COAST FL 32164

Mailing Address  
SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3437110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Maria A. Pollock  
4845 Belle Terre Pkwy.  
Palm Coast, FL 32164

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT3 M.A. POLLOCK	<input type="checkbox"/> Delete
NAME	4845 BELLETERRE PKWY STE. C-13	
STREET ADDRESS	PALM COAST FL 32164	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: M.A. Pollock, M.A. Pollock

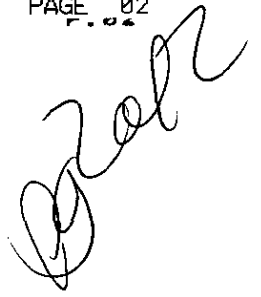
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00 (904) 446-8090

Date

Daytime Phone

CR2E034 (9/99)



**RDV, Inc.  
4845 Belle Terre Parkway  
Suite C-13  
Palm Coast, Florida 32164**

November 30, 2000

**Secretary of State  
Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314**

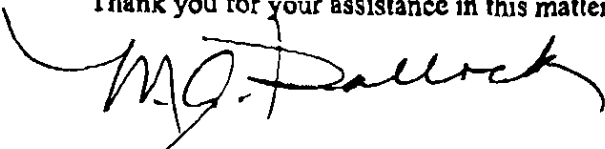
**Attention: Ms. Michele Milligan**

This letter has been prepared as a result of our conversation on November 29th, 2000.

As is apparent from the documents faxed to you and the submission (3/30/2000) and processing (4/04/2000) of the Uniform Business Report 2000 and accompanying \$150.00 check payable to the Secretary of State, that RDV, Inc. had reasonably thought that they complied with Florida UBR submission requirements. RDV, Inc. did not receive the Corporation department's request for additional information and therefore did not respond to the request.

We request reinstatement of the Corporation's active status and waiver of penalties associated with this action.

Thank you for your assistance in this matter.



**Maria A. Pollock  
President**