FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 OCT 19 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012281

1. Entity Name
RDV INC

DO NOT WRITE IN THIS SPACE

$150.00

03/31/04 01060 001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
85 S. JUAN DR.	85 S JUAN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST FL	City & State: PALM COAST FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

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

7. Name and Address of Current Registered Agent

Name: POLLOCK MARIA A.

Street Address (P.O. Box Number is Not Acceptable): 85 S. JUAN DR

City: PALM COAST FL Zip Code: 32137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $700.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: DPTS	TITLE:
NAME: POLLOCK M.A.	NAME:
STREET ADDRESS: 85 S. JUAN DR	STREET ADDRESS:
CITY-ST-ZIP: PALM COAST FL 32137	CITY-ST-ZIP: H10000315865 19 03/31/04 01060 001 **150.00
TITLE:	TITLE:
NAME:	NAME:
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CITY-ST-ZIP:	CITY-ST-ZIP:
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CITY-ST-ZIP:	CITY-ST-ZIP:

12. 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 10 or an attachment with an address, with all other like empowered.

SIGNATURE: M.A. Pollock M.A. POLLOCK 3/26/04 (386) 446-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #