

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90033 046 ***150.00

DOCUMENT # P97000039443

1. Entity Name

RV SOLUTIONS, INC.

Principal Place of Business

1025 N O ST
LAKE WORTH FL 33460
US

Mailing Address

1025 N O ST
LAKE WORTH FL 33460
US

2. Principal Place of Business

5399 E. Hwy. C 30A
Suite, Apt. #, etc.

Suite 223

City & State

Seagrave Beach, FL

Zip

32459

Country

USA

3. Mailing Address

5399 E. Hwy. C 30A
Suite, Apt. #, etc.

Suite 223

City & State

Seagrave Beach, FL

Zip

32459

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0749665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEICK, KIRK J
1025 NORTH 'O' STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **Jtm Tax Service**

Street Address (P.O. Box Number is Not Acceptable)

2080 NW Boca Raton Blvd. #6

Attn James G Mullin

Boca Raton, FL

FL

Zip Code 33431

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 **Jim Mullin**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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, 2001 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

TITLE **D** ☐ Delete
NAME **WEICK, KIRK J**
STREET ADDRESS **1025 N O ST**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ Delete
NAME **WEICK, TAMMY L**
STREET ADDRESS **1025 N O ST**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☐ Addition
NAME **Weick, Kirk J**
STREET ADDRESS **378 Tradewinds Dr.**
CITY-ST-ZIP **Santa Rosa Bch FL 32459**

TITLE **VP/S** ☒ Change ☐ Addition
NAME **Weick, Tammy L**
STREET ADDRESS **378 Tradewinds Dr.**
CITY-ST-ZIP **Santa Rosa Bch FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Kirk Weick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/18/01 561 588 3124

CR2E034 (10/00)