## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000014064 **DOCUMENT #**

1. Entity Name
R.V. SERVICES UNLIMITED, INC.



## **FILED** Mar 03, 2003 8:00 am & Secretary of State 03-03-2003 90902 005 \*\*\*150.00

Zip Country Zip Country S. Centricate of Status Desired S. S. To Additional Fee Required  6. Name and Address of Current Registered Agent  77. Name and Address of New Registered Agent  Name  Streat Address (PC. Box Number is Not Acceptable)  9. Election Campaign Financing  18. Address (PC. Box Number is Not Acceptable)  9. Election Campaign Financing  18. Address (PC. Box Number is Not Acceptable)  9. Election Campaign Financing  18. Address of New Registered Agent  19. Address				\						
SUID. Apt. #, etc.   Check Harte IF MAKING CHANCES   A FEI Number 65-0823284   Applied FARTH ADDRESS   A FEI Number 65-0823284   A FEI Number 65-082	8270 PASCAL	DRIVE	8270 PASCAL DRIVE	0				·		
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Series Address (P.O. a) and Address of New Registered Agent  Series Address (P.O. a) and Address of New Registered Agent  DULL, JOSEPH A 741 HEPTUNE STREET PORT CHARLOTTE FL 33948  City  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City	City & Sta	te	City & State			4. FE	Number <b>65-0823284</b>	-,,		pplied For ot Applicable
S. Name and Address of New Registered Agent   77. Name and Address of New Registered Agent   Name	Zip	Country	Zip	Country	/	<b>5.</b> Ce	rtificate of Status Desired		8.75 Add	ditional
Street Abdress (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7.≕Na	me and Address of New Re			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	DURL 10	CCOLL A			Name					
8. The above named enjoy 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 act the obligations of registyled agent and title a purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registyled agent and title a purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registyled agent and title a registration.    Interpolation   Interpol		the state of the s			Street Address (F	P.O. Box	Number is Not Acceptable)			
B. The above named only Jubritis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and active obligations of registered agent, or both, in the State of Florida. It am familiar with, and active obligations of registered agent agent and title it applicable.    SIGNATURE	PORT CH	ARLOTTE FL 33948								
SIGNATURE    STORE   S	,				,		· · · · · · · · · · · · · · · · · · ·		] '	
SIGNATURE    Comparison or puries name or regulated spent and liter il application.   (NOTE: Registered Agent signature required when relinaturing)   DATE   Comparison or puries name or regulated spent and liter il application.   (NOTE: Registered Agent signature required when relinaturing)   DATE	8. The above	e named entity submits this statement for	the purpose of changing its	s registered	office or registere	ed agen	t, or both, in the State of Flori	da. I am far	niliar with,	and accept
MAKE   Check   Payable to Fiorida Department of State   Stat	1 50	PmMM					7	1781	0	
After May 1, 2003 Fee will be \$550.00 Maykic Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE	SIGNATURE	Signature, typed or punted name of registered agent a	nd title if applicable. (NOT	TE: Registered A	gent signature required	when reins	tating)	DATE	<u></u>	<del></del>
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12. Thereby certify that the information supplied with this filling does not qualify for the examples stated in Section 110 07(2)(i) Elected Center 1 (110 07(2)(i))		ertify that the information available with	bio filipo de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición del composición dela composición d							·

indicated on this report or 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 exempte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: