

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0658340 AV

**DOCUMENT # P98000066883**

1. Entity Name  
**RVM FIRE CONSULTANTS, INC.**

02-05-2002 90010 037 \*\*\*150.00

Principal Place of Business  
**3109 FAIRFIELD DRIVE**  
**KISSIMMEE FL 34743**

Mailing Address  
**3109 FAIRFIELD DRIVE**  
**KISSIMMEE FL 34743**



2. Principal Place of Business  
**3157 MANLINI MOSS CIR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3157 MANLINI MOSS CIR.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**KISSIMMEE FL**  
 Zip  
**34741**  
 Country  
**U.S.A.**

City & State  
**KISSIMMEE FL**  
 Zip  
**34741**  
 Country  
**U.S.A.**

4. FEI Number  
**59-3535939**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MARKS, ROBERT V**  
**3109 FAIRFIELD DRIVE**  
**KISSIMMEE FL 34743**

**3157 MANLINI MOSS CIR**  
**KISSIMMEE**  
**FL 34741**

## 7. Name and Address of New Registered Agent

Name  
**NEW ADDRESS ONLY**  
 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 **R.V. MARKS** **JAN 15 '02**  
 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D MARKS, ROBERT V</b>	<b>3109 FAIRFIELD DRIVE</b>	<b>3157 MANLINI MOSS CIR KISS FL</b>	<input type="checkbox"/>
			<b>34741</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<b>3157 MANLINI MOSS CIR.</b>	<b>KISSIMMEE FL 34741</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**R.V. MARKS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)