

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90497 023 ***150.00

DOCUMENT # P99000018834

1. Entity Name
R.S.V.G. ENTERPRISES, INC.



Principal Place of Business
**901 N. INDIANTOWN RD., #25
JUPITER FL 33458**

Mailing Address
**901 N. INDIANTOWN RD., #25
JUPITER FL 33458**



2. Principal Place of Business
967 Sebastian Blvd
Suite, Apt. #, etc.
APT A

3. Mailing Address
967 Sebastian Blvd.
Suite, Apt. #, etc.
APT A

☐ CHECK HERE IF MAKING CHANGES

City & State
SEBASTIAN, FL.

City & State
SEBASTIAN, FL.

4. FEI Number **65-0905995**

Applied For
☐ Not Applicable

Zip **32958** Country **INDIAN RIVER**

Zip **32958** Country **INDIAN RIVER**

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

6. Name and Address of Current Registered Agent

**GUMINA, RICHARD V
901 N. INDIANTOWN RD., #25
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **VINCENT GUMINA**
Street Address (P.O. Box Number is Not Acceptable)
967 Sebastian Blvd.
City **SEBASTIAN** **FL** Zip Code **32958**

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 *Richard Gumina*

1-16-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUMINA, RICHARD V 901 N INDIANTOWN ROAD # 25 JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCENT GUMINA 967 SEBASTIAN BLVD. SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 772.598-3608

Date

Daytime Phone #

0387364 FP

CR2E034 (10/02)