

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90052 022 ***150.00

DOCUMENT # P99000105481

1. Entity Name

DAVID'S MOBIL R.V. REPAIR, INC.

Principal Place of Business

**18320 GULF BOULEVARD, #204
 REDINGTON SHORES FL 33708**

Mailing Address

**18320 GULF BOULEVARD, #204
 REDINGTON SHORES FL 33708**

2. Principal Place of Business

11900 85th Terrace
 Suite, Apt. #, etc. **—**

3. Mailing Address

11125 Park Blvd
 Suite, Apt. #, etc. **Suite 104 #282**

City & State

Seminole FL

City & State

Seminole FL

Zip

Country

33772 USA

Zip

Country

33772 USA

4. FEI Number

59-3610538

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, DAVID
 18320 GULF BOULEVARD, #204
 REDINGTON SHORES FL 33708**

7. Name and Address of New Registered Agent

Name

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

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, 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 **PD** ☐ Delete
 NAME **GORDON, DAVID**
 STREET ADDRESS **18320 GULF BOULEVARD, #204**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE ☐ Delete
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Gordon

Date

1/14/01

Daytime Phone #

727 434 0233

CR2E034 (10/00)