

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90013 015 ***150.00

DOCUMENT # S01809

1. Entity Name
ROYAL RAZZLE DAZZLE, INC.

Principal Place of Business 1335 CAPE CORAL PKWY. CAPE CORAL FL 33904	Mailing Address 1335 CAPE CORAL PKWY. CAPE CORAL FL 33904-9606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 4814 CAPE CORAL ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAPE CORAL, FL.	4. FEI Number 65-0218488	Applied For <input type="checkbox"/> Not Applicable
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Zip 33904	Country LEE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANGIOVANNI, CATHERINE 1335 CAPE CORAL PKWY. CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS	<input type="checkbox"/> Delete SANGIOVANNI, CATHERINE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2219 S.E. 27TH ST.	NAME	
STREET ADDRESS	CAPE CORAL FL 33904	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DVPT	<input type="checkbox"/> Delete SANGIOVANNI, RALPH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2219 SE 27TH ST.	NAME	
STREET ADDRESS	CAPE CORAL FL 33904	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Catherine Sangiovanni Date: 4/8/00 Daytime Phone #: 941 541-6944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)