

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90033 037 ***150.00

DOCUMENT # 214679

1. Entity Name

ROYAL CONTRACTORS, INC.

Principal Place of Business

1200 S FLAGLER DR.
2623 PINWOOD AVE.
WEST PALM BEACH FL 33401
606
33401

Mailing Address

PO BOX 2945
2623 PINWOOD AVE.
WEST PALM BEACH FL 33402
33402

2. Principal Place of Business

1200 S FLAGLER DR
Suite/Apt. #, etc. 606

3. Mailing Address

PO BOX 2945
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

59-0844028

Applied For

Not Applicable

Zip

33401

Country

Zip

33402

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANK, FLOYD
2623 PINWOOD AVE
WEST PALM BEACH FL 33401

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

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

FLOYD P BLANK
P.D. (NOTE: Registered Agent signature required when reinstating)

4/14/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BLANK, FLOYD
STREET ADDRESS 2623 PINWOOD AVE
CITY-ST-ZIP WEST PALM BCH FL

TITLE P ☒ Change ☐ Addition
NAME BLANK FLOYD P
STREET ADDRESS 1200 S FLAGLER DR. 606
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE S ☐ Delete
NAME PINCOURT, A.K.
STREET ADDRESS 222 LAKEVIEW STE 1500
CITY-ST-ZIP WEST PALM BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Floyd P. Blank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)