

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 349282

1. Entity Name

ROYAL BLUE SPRINGS, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90071 006 \*\*\*150.00

Principal Place of Business

4012 SW 78TH WAY  
JASPER FL 32052  
US

Mailing Address

P O BOX 276  
LEE FL 32059  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

L.A. METHVIN  
311 MAIN ST  
MAYO FL 32066

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  
NAME LA METHVIN  
STREET ADDRESS 311 MAIN ST  
CITY-ST-ZIP MAYO FL ☐ Delete

TITLE S  
NAME DAVID FLETCHER  
STREET ADDRESS 5107 N RIDGE RD S  
CITY-ST-ZIP VALDOSTA GA 31602 ☐ Delete

TITLE D  
NAME DEBORAH C. HALL  
STREET ADDRESS 2461 JAY BRIDGE RD  
CITY-ST-ZIP DAHLONEGA GA 30533 ☐ Delete

TITLE D  
NAME LORRIE L. FLETCHER  
STREET ADDRESS 5107 NORTH RIDGE RD SOUTH  
CITY-ST-ZIP VALDOSTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

L.A. METHVIN

Date

4/17/01

Daytime Phone #

850-971-5457

CR2E034 (10/00)

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