

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 047 ***150.00

DOCUMENT # 349282

1. Entity Name

Royal Blue Springs Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

311 MAIN ST

Suite, Apt. #, etc.

City & State

MAYO FL

Zip 32066

Country USA

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 276

City & State

LEE FL

Zip

32059

Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

L.A. METHVIN

Street Address (P.O. Box Number is Not Acceptable)

3710 S.W. Wilson Springs Rd

City

FORT WHITE

FL

Zip Code

32038

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

L.A. METHVIN President

[Signature]

4-27-02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
LORRAIE FLETCHER-VP
5200 SE 24TH ST
OCALA FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID FLETCHER - T
5200 SE 24TH ST
OCALA FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRENDA HUNTER - S
RT 9 Box 3693
LAKE CITY FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
L.A. METHVIN
3710 SW Wilson Springs Rd
FORT WHITE FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* L.A. METHVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

850-971-5457

Daytime Phone #