

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90195 043 \*\*\*150.00

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**DOCUMENT # 543521**

1. Entity Name

**ROYAL GREASE CORP.**



Principal Place of Business

**9401 NW 106TH ST  
STE 101  
MEDLEY FL 33178  
US**

Mailing Address

**9401 NW 106TH ST  
STE 101  
MEDLEY FL 33178  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1768369**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBINSON JR, BARNETT ESQ  
2255 GLADES ROAD  
STE. 319-A  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**BARNETT ROBINSON, JR. P.A.**

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

**120 E. PALMETTO PARK RD.**

**SUITE 150**

City

**BOCA RATON,**

**FL**

Zip Code

**33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **JACOBS, ELLEN LARGAY**  
STREET ADDRESS **9630 RIVERVIEW DR.**  
CITY-ST-ZIP **SEBASTAIN FL**

TITLE **STD** ☐ Delete  
NAME **LARGAY, CHARLES E JR**  
STREET ADDRESS **9401 NW 106TH ST, STE 102**  
CITY-ST-ZIP **MEDLEY FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **STD/VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition  
NAME **KNOWLES, JANET**  
STREET ADDRESS **9401 NW 106th St. Ste 101**  
CITY-ST-ZIP **Medley, FL 33178**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JANET KNOWLES**

JANET KNOWLES, ASSISTANT SECY.

Date

Daytime Phone #

**4/21/03**

**305-895-2459**

CR2E034 (10/02)