

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 609004

1. Entity Name

ROYALL CONSTRUCTION OF CENTRAL FLORIDA, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90070 020 \*\*\*158.75

Principal Place of Business

2949 WEST STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779

Mailing Address

2949 WEST STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779

2. Principal Place of Business

2933 W SR 434

3. Mailing Address

2933 W SR 434

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1884353

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROYALL, H. J. JR.

~~2949 W SR 434~~

~~SUITE 400~~

LONGWOOD FL 32779

Name

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

2933 W SR 434

Suite 101

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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 ROYALL, H. J. JR.  
STREET ADDRESS 2949 W SR 434, SUITE 400  
CITY-ST-ZIP LONGWOOD FL 32779

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2933 W SR 434, Ste 101  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

H.J. Royall, Jr

Date

Daytime Phone #

President

407-774-0303

CR2E034 (10/00)