2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90083 020 ***150.00

DOCUMENT # 647470

1. Entity Name
ROYALWOOD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
904 BALLINGER RD PO BOX 266 LUTZ FL 33548-0266 US	904 BALLINGER RD PO BOX 266 LUTZ FL 33548-0266 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
720 Mustang Ct.	720 Mustang Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, Fl.	City & State: Winter Springs, Fl.
Zip: 32708-4512 Country: US	Zip: 32708-4512 Country: US

4. FEI Number 59-1950008 ☐ Applied For ☐ Not Applicable

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
BALLINGER, JOHN L. 904 BALLINGER RD LUTZ FL 33549	Name: Street Address (P.O. Box Number is Not Acceptable): 720 Mustang Ct City: Winter Springs. **FL** Zip Code: 32708-4512

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 John L Ballinger DATE 23 Jan 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALLINGER, JOHN L 904 BALLINGER RD LUTZ FL 33549 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 720 Mustang Ct. Winter Springs Fl. 32708 4512
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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

SIGNATURE: John L Ballinger SIGNATURE REQUIRED 23 Jan 02 321 279 4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #