2002 Uniform Business Report (UBR)

DOCUMENT # 653388 **Secretary of State** 1. Entity Name 03-13-2002 90073 028 ***150.00 ROGER ROY REALTY, INC. Principal Place of Business Mailing Address 2700 WEST ATLANTIC BLVD. 2700 WEST ATLANTIC BLVD. **SUITE 200-8 SUITE 200-8** POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2018277 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROY, ROGER Street Address (P.O. Box Number is Not Acceptable) 2700 WEST ATLANTIC BLVD, SUITE 200-8 POMPANO BEACH FL 33069 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ROY, ROGER NAME 2700 WEST ATLANTIC BLUB SUITE DOES POMPANO BEACH 7L 33069 2787 E OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS IFT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE ROY, NICOLE NAME 2700WEST ATLANTIC BLUD SUITE 200-8 FOM PANO BEACH 71. 33069 NAME 2787 E OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachmen

SIGNATURE

Mar 13, 2002 8:00 am