

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31053

1. Entity Name

ROYAL DOUGLAS, LTD.

Principal Place of Business

1838 SOUTHWOOD LANE  
CLEARWATER FL 33764

Mailing Address

1838 SOUTHWOOD LANE  
CLEARWATER FL 33764

2. Principal Place of Business

1838 SOUTHWOOD LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 FEB -4 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

CLEARWATER FLA

City & State

FLA

4. FEI Number

59-3057588

Applied For

Not Applicable

Zip 33764

Country USA

Zip 33764

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., SUITE 105  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions  
as Shown on record.

\$280,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SUTTON, SHARON  
1838 SOUTHWOOD LANE  
CLEARWATER FL 33764

STREET ADDRESS  
CITY-ST-ZIP

2000004917172-9  
-02/13/02--01100--016  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)