

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90047 046 ***150.00

DOCUMENT # F01000004673

1. Entity Name

THE ROYAL GUARD OF AMEN RA, INC.

Principal Place of Business

**60 EAST 42ND STREET, SUITE 1616
 NEW YORK NY 10165**

Mailing Address

**60 EAST 42ND STREET, SUITE 1616
 NEW YORK NY 10165**

2. Principal Place of Business

301 E Pine St

Suite, Apt. #, etc.

#150

3. Mailing Address

P.O. Box 121160

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Clermont, FL

Zip

32801

Country

USA

Zip

34712

Country

USA

4. FEI Number

13-3793409

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SNIPES, RUDY	
STREET ADDRESS	15516 KENSINGTON TRAIL	
CITY-ST-ZIP	CLEMONT FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, NATHASHA	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1616	
CITY-ST-ZIP	NEW YORK NY 10165	
TITLE	TCD	<input checked="" type="checkbox"/> Delete
NAME	SNIPES, WESLEY T	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1616	
CITY-ST-ZIP	NEW YORK NY 10165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SYNERGY CONSOLIDATED GROUP	
STREET ADDRESS	60 EAST 42ND STREET, SUITE 1616	
CITY-ST-ZIP	NEW YORK NY 10165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIPES, WESLEY T.	
STREET ADDRESS	15516 KENSINGTON TRAIL	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)