## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9800000784

SIGNATURE:

ROYAL MORTGAGE BROKERAGE, INC. 04-10-2001 90089 044 \*\*\*158.75 Principal Place of Business Mailing Address 8889 PELICAN BAY BLVD. STE 400 8889 PELICAN BAY BLVD. STE 400 NAPLES FL 34108 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business 4933 TAMIAMI TRAIL NO 4933 TAMIAMI TRAIL NO. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE aao SUITE SUITE City & State City & State 4. FEI Number Applied For 75-2745985 NAPLES NAPLES Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired COLLIER COLLIER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN R. FOSTER CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 711 KETCH DRIVE City NAPLES 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. STEPHEN R. FOSTER 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, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Change ☐ Addition TITL F TITLE Delete PILGRIM, MICHAEL J NAME NAME 1000 BALLPARK WAY, STE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON TX** PRES. | CEO | SEC | TREAS . | DIR XChange **VPST** TITLE ☐ Delete TITLE FOSTER, STEPHEN NAME NAME 711 KETCH DRIVE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP NAPLES FL 34103 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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.

Apr 10, 2001 8:00 am Secretary of State