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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # F9900005959 ROYAL OAK ENTERPRISES, INC. 04-03-2001 90076 049 ***150.00 Principal Place of Business Mailing Address 1 ROYAL OAK AVENUE 1 ROYAL OAK AVENUE ROSWELL GA 30076 ROSWELL GA 30076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2498652 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Náme CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 COB CR2E034 (10/00) Delete D TITLE TITLE Change Addition KEETER, JAMES P NAME NAME 1 ROYAL OAK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROSWELL GA 30076** CITY-ST-ZIP TITLE ■ Delete TITLE ☐ Change Addition JAMES E. ALLEN KEETER, DAREN M NAME NAME I ROYAL BAK AVENUE 1 POYAL OAK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROSWELL GA 30076** CITY-ST-ZIP GA 50076 ROSWELL VCFO-Change -- -- Addition-TITLE 🗹 Defete THILE KATZ, RIK NAME NAME 1 ROYAL OAK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P **ROSWELL GA 30076** ☐ Delete TITLE TITLE ☐ Change ☐ Addition GOSSETT, ROBERT NAME NAME STREET ADDRESS 1 ROYAL OAK AVENUE STREET ADDRESS CITY-ST-ZIE **ROSWELL GA 30076** CITY-ST-ZIP TITLE ☐ Defete TITLE V CFO Change ☐ Addition LOCKETT, ROBERT NAME NAME STREET ADDRESS 1 POYAL OAK AVENUE STREET ADDRESS CITY-ST-ZIP **ROSWELL GA 30076** CITY-ST-ZIP VAST TITLE ☐ Delete TITLE Addition ☐ Change CAREY, ROBERT G NAME NAME 1 ROYAL OAK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ROSWELL GA 30076 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), Fiorida 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.

ROBERT G. CAREY

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR