2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F9900005959 **DOCUMENT #**

1. Entity Name

ROYAL OAK ENTERPRISES, INC.



FILED Apr 16, 2003 8:00 am Secretary of State
04-16-2003 90191 027 ***150.00

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Zip Country Zip Country Zip Country St. Certificate of Status Desired St. S. 75 Additional Five Regulated 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Five Regulated Ton Name 1200 SOUTH PIRE ISLAND ROAD PLANTATION SYSTEM 1200 SOUTH PIRE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named ently submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered age	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
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THE obligations of registered agent. SIGNATURE Signature Title NOW:!! FEE IS \$150.00		-									FL	Zip Cod	е]
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered	agent and title if appl	icable. (NOT	E: Registere	d Agent signate	ire required wh	hen reinstating)			DATE			_
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CITY-ST-ZIP ROSWELL GA 30076 12. 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	NAME STREET ADDRESS CITY-ST-ZIP		ol wish shire filter		NAMI STRE CITY	ET ADDRESS - ST-ZIP	GOSSE I ROY ROS	YAL O. WELL	AK A	NENUC 300	e 76			

indicated on this report or supplies with an address, in quanty 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 10 or Block 11 if changed, or on an attachment with an address, with all other into the proposer of the corporation of the corpora

Daytime Phone #