# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2000 8:00 am**
**Secretary of State**
01-29-2000 90100 012 ***150.00

DOCUMENT # H22316

1. Entity Name

ROYAL AMERICAN WALLCRAFT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 105 SILVER BEACH BLVD<br>POMONA PARK FL 32181<br>US | PO BOX 880<br>POMONA PARK FL 32181-0880<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2510817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DENE R. BERRY
105 SILVER BEACH BLVD., RR1 BOX 860
POMONA PARTK FL 32181

**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. WRONG - SORRY!

SIGNATURE _____ NO CHANGES
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, 2000 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BERRY, DENE R<br>105 SILVER BEACH BLVD<br>POMONA PARK FL 32181 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WILSHIRE, GLENNIS M<br>105 SILVER BEACH BLVD<br>POMONA PARK FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BERRY, DENE R<br>105 SLIVER BEACH BLVD<br>POMNOA PARK FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CORMAN, ROBERT J<br>515 SOUTH INDIAN RIVER DR.<br>FT. PIERCE FL 34950 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HANSON, PETER<br>1 HILLSIDE DR.<br>CLECKHEATON, W YORKS ENGLAND | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |

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 like empowered.

**SIGNATURE:** DENE R BERRY PRESIDENT 1/24/2000 904-649-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #