

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**  
 04-14-2001 90024 036 \*\*\*158.75

**DOCUMENT # J94674**  
 1. Entity Name  
**ROYAL AMERICAN MORTGAGE CO.**

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br>2701 CLEVELAND AVE<br>SUITE 2<br>FT MYERS FL 33901<br>US | Mailing Address<br>2701 CLEVELAND AVE<br>SUITE 2<br>FT MYERS FL 33901<br>US |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                              |                                                  |
|--------------------------------------------------------------|--------------------------------------------------|
| 2. Principal Place of Business<br><b>2701 Cleveland Ave.</b> | 3. Mailing Address<br><b>2701 Cleveland Ave.</b> |
| Suite, Apt. #, etc.                                          | Suite, Apt. #, etc.                              |

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| City & State<br><b>Ft. Myers, Fla.</b> | City & State<br><b>Ft. Myers, Fla.</b> |
| Zip<br><b>33901</b>                    | Country<br><b>US</b>                   |



DO NOT WRITE IN THIS SPACE

|                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0012952</b>                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired - <input checked="" type="checkbox"/> - <b>\$8.75 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent  
**ROYAL, DAN JR.**  
**2701 CLEVELAND AVE**  
**FT MYERS FL 33901**

7. Name and Address of New Registered Agent  
 Name  
**Judith A. Royal**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2701 Cleveland Ave.**  
 City **Ft. Myers** **FL** Zip Code **33901**

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 *Judith A. Royal PSTD* **Judith A. Royal** *3/9/2001*  
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. <input type="checkbox"/><br>(See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

11. OFFICERS AND DIRECTORS

|                                                |                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROYAL, DAN, JR.<br/>2701 CLEVELAND AVE<br/>FT MYERS FL</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>RAYOL, JUDY<br/>36 CAPON ST<br/>NAPLES FL</b> <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>Judith A. Royal<br/>2701 Cleveland Ave.<br/>Ft. Myers, Fla. 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |

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:** *Judith A. Royal* **Judith A. Royal PSTD 3/9/2001- 941-334-1776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)