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

of the corporation or the re changed, or on an attach

SIGNATURE:

## May 15, 2001 8:00 am § Secretary of State **DOCUMENT # K30256** 05-15-2001 90159 049 \*\*\*150.00 ROYAL DEVELOPMENT AND MANAGEMENT CORP. Principal Place of Business Mailing Address 103 COMMERCE ST. 103 COMMERCE ST. 00051651 STE. 100 STE. 100 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2930555 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LATHAN, ROY Street Address (P.O. Box Number is Not Acceptable) 103 COMMERCE ST. STE. 100 LAKE MARY FL 32746 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust:Fund Contribution. 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. ☐ Addition PVD ☐ Change TITLE TITLE ☐ Delete LATHAN, ROY NAME NAME STREET ADDRESS 103 COMMERCE ST. STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LATHAN, LOUISE NAME STREET ADDRESS 103 COMMERCE ST. STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Change ☐ Addition THILE ☐ Delete TITLE LATHAN, ROY R JR NAME NAME 103 COMMERCE ST, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director lered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a ther like empowered. 13. I hereby certify that the info ion supp indicated on this report or

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #