

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90301 048 ***150.00

DOCUMENT # K31944

1. Entity Name
ROYAL PALM KIDDIE COLLEGE, INC.



Principal Place of Business
**604 CAMELLIA DR.
ROYAL PALM BEACH FL 33411**

Mailing Address
**604 CAMELLIA DR.
ROYAL PALM BEACH FL 33411**

11013001



2. Principal Place of Business
1510 Windship Circle
Suite, Apt. #, etc.

3. Mailing Address
1510 Windship Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Wellington FL
Zip
33414 Country
USA

City & State
Wellington FL
Zip
33414 Country
USA

4. FEI Number **65-0075678**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHARKEY, JOHN
604 CAMELLIA DR.
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1510 Windship Circle
City **Wellington FL** Zip Code **33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHARKEY, ALFRED	
STREET ADDRESS	555 PURDY LANE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHARKEY, HELENA	
STREET ADDRESS	555 PURDY LANE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHARKEY, JOHN	
STREET ADDRESS	1510 WINDSHIP CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SHARKEY, BRENDA	
STREET ADDRESS	1510 WINDSHIP CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, 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 an officer like empowered.

SIGNATURE: *[Signature]* **John Sharkey** **4/24/03** **561-793-4895**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)