2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K52575 1. Entity Name ROYAL PALM DISTRIBUTING, INC.

FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90190 035 ***150.00

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|--|---|--|---|---|--|--|--|--|--|
| Principal Place of Business 8720 ATTALLA AVENUE NORTH PORT FL 34287 US | | Mailing Address PO BOX 7415 NORTH PORT FL 34287 US | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | \dashv | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT W | RITE IN THIS | SPACE | |
| City & State | | City & State | | 4 . F | FEI Number | 65-0089 | 171 | | oplied For ot Applicable |
| Country | Zip | Country | | 5. (| Certificate of | Status Desired | <u> </u> | \$8.75 Add | ditional |
| 6. Name and Address of Curren | t Registered Agent | <u> </u> | | | Name and Ac | idress of Nev | v Registered | | |
| | | 1 | Name | | | | g | | |
| TIRRO, PATRICK 8720 ATTALLA AVE | | Street Addres | | s (P.O. Box Number is Not Acceptable) | | | | | |
| PURI FL 34287 | | | | | | | | | |
| | | City | | | | | FL | Zip Cod | e |
| | | | | ired when re | | oo Campaign | DATE | | |
| Tax filing requirement and elects to do so. (See criteria on back) | | | - | State | Trust | Fund Contribu | ution. [| ⊥ Added | May Be to Fees |
| OFFICERS AN | D DIRECTORS | 12. | | AD | DITIONS/CH | IANGES TO C | FFICERS AND | DIRECTOR: | S IN 11 |
| irro, patrick 720 attalla avenue Orth port fl. 34287 | ☐ Delete | | | | | | | □ Change | ☐ Addition } |
| | ☐ Delete | | | | | | | ☐ Change | Addition |
| And the state of t | ☐ Delete | | | | | | | □ Change | ☐ Addition |
| | ☐ Delete | | | | | | | ☐ Change | Addition |
| | ☐ Delete | | Γ | | | | | ☐ Change | ☐ Addition |
| | ☐ Deiete | CITY-ST- | ZIP | | | | | ☐ Change | ☐ Addition |
| | Country 6. Name and Address of Current PATRICK ITALIA AVE PORT FL 34287 med entity submits this statement vature, typed or printed name of registered ages ion is eligible to satisfy its Intangib uirement and elects to do so. OFFICERS ANI IRRO, PATRICK 720 ATTALIA AVENUE ORTH PORT FL 34287 | PO BOX 7415 NORTH PORT FL 34287 a of Business a. Mailing Address btc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent PATRICK ITALLA AVE PORT FL 34287 med entity submits this statement for the purpose of changing its income is eligible to satisfy its Intangible yinchement and elects to do so. In back) OFFICERS AND DIRECTORS IRRO, PATRICK 720 ATTALLA AVENUE ORTH PORT FL 34287 Delete Delete Delete | PO BOX 7415 NORTH PORT FL 34287 a of Business 3. Mailing Address atc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent PATRICK ITALLA AVE PORT FL 34287 The dentity submits this statement for the purpose of changing its registered of the purpose of changing its | PO BOX 7415 NORTH PORT FL 34287 IS of Business 3. Mailing Address bitc. Suite, Apt. #, etc. | PO BOX 7415 NORTH PORT FL 34287 US 3. Mailing Address 5. City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name PATRICK ITALIA AVE PORT FL 34287 City City Street Address (P.O. E City City | PO BOX 7415 NORTH PORT FL 34287 Inc. Suite, Apt. #, etc. City & State Country Zp Country Zp Country 5. Certificate of Name Address of Current Registered Agent 7. Name and Address (P.O. Box Number in Name Street Address (P.O. Box Number in City City Talla AVE PORT FL 34287 City City Inc. Suite Address (P.O. Box Number in Name Street Address (P.O. Box Number in Name Name Street Address (P.O. Box Number in Name Street Address (P.O. Box Number in Name Name Name Name Or Ficers And Directors 12. ADDITIONS/CF RRO, PATRICK RRO, PATRICK RRO, PATRICK RRO, PATRICK RRO, PATRICK Name STREET ADDRESS CITY-ST-ZP Delete ITILE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP | PO BOX 7415 NORTH PORT FL 34287 So of Business 3. Mailing Address and. Suite, Apt. 4. etc. Country Zip Country Zip Country Size Apt. 4. etc. Do NOT W A. FEI Number 65-0089 6. Name and Address of Current Registered Agent Name PATRICK TTALIA AVE PORT FL 34287 City med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of City and the state of presed name of registered agent and title if applicable. (NOTE fingliness Agent sprintum recome when reliabilishin) After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete TILE NAME STREET ADDRESS CITY-ST-2P Delete | North PORT FL 34287 To of Business S. Mailing Address Suite, Apt. #, etc. City & State Country Do NOT Writte in This: City & State A. FEI Number 65-0089171 Country Street Address of Current Registered Agent PATRICK TIALLA AVE PORT FL 34287 City FL med antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Suite Address (P.O. Box Number is Not Acceptable) FL med antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Suite Address (P.O. Box Number is Not Acceptable) FL med antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Suite Address (P.O. Box Number is Not Acceptable) FLE now III FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Detail III.E MAVE STREET ADDRESS CITY-57-29 Detail Detail TILE NAME STREET ADDRESS CITY-57-29 Detail TILE NAME STREET ADDRESS CITY-57-29 Detail Detail TILE NAME STREET ADDRESS CITY-57-29 Detail TILE NAME STREET ADDRESS CITY-57-29 Detail Det | PO BOX 7415 NORTH PORT FL 34287 Strict PORT FL 34287 S |

indicated on this report or supplied with this him does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. Further certify that the most 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.

STAND THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNINGSOFFICER OR DIRECTOR

TIRRO