

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K58358**1. Entity Name  
**ROYAL WELLINGTON, INC.****FILED****Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90466 015 \*\*\*150.00

Principal Place of Business

Mailing Address

**% CECILIA KAYO**  
**640 LITTLE WEKIVA RD**  
**ALTAMONTE SPRINGS FL 32714-7333****% CECILIA KAYO**  
**640 LITTLE WEKIVA RD**  
**ALTAMONTE SPRINGS FL 32714-7333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2945881**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CECILIA KAYO**  
**640 LITTLE WEKIVA RD.**  
**ALTAMONTE SPRINGS FL 32714**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DPT KAYO, CECILIA 640 LITTLE WEKIVA RD ALTAMONTE SPRINGS FL</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CECILIA KAYO** **4/15/01** **4077740728**

Date

Daytime Phone #

CR2E034 (10/00)