FILED

Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90186 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K58358**

1. Entity Name

ROYAL WELLINGTON, INC.

		,									
Principal Place of Business % CECILIA KAYO 640 LITTLE WEKIVA RD ALTAMONTE SPRINGS FL 32714-7333				Mailing Address % CECILIA KAYO 640 LITTLE WEKIVA RD ALTAMONTE SPRINGS FL 32714-7333) 1881901 881 81181 10189 10181 81181 1017 8181	818 11 318 11 81811	613 11 1811) 18 8 1
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			Cit	City & State				4. FI	El Number 59-2945881		pplied For
Zip	Zip Country		Zip	Zip Cour		ntry		5. Certificate of Status Desired		Not Applicable \$8.75 Additional Fee Required	
	_6Name	and Address of Curren	Register	ed Agent		T		7 N:	ame and Address of New Registered	•	ed
						Name	· . <u>-</u>	7. 144	ame and Address of New Registered	Agent	
CECILIA KAYO 6											
640 LITTLE WEKIVA RD.						Street /	Street Address (P.O. Box Number is Not Acceptable)				
ALTAMONTE SPRINGS FL 32714						****				· · · · · · · · · · · · · · · · · · ·	
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						City			FI	Zip Cod	de
8. The above the obliga	named entity tions of registe	submits this statement for ered agent.	or the purp	pose of changing its i	register	ed office o	r registere	d ager	nt, or both, in the State of Florida. I am	familiar with,	and accept
 CICNIATUDE											
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if ap	plicable. (NOTE:	: Registere	d Agent signa	ture required v	vhen rein:	Stating) DATE	····	<u>.</u>
	7			1				7710117101171	DATE.	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financing Trust Fund Contribution.	\$5.0 □ Added	00 May Be of to Fees
	k Payable to										
10.	-	OFFICERS AND	DIRECTO		11,			ADD	ITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
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STREET ADDRESS		WEKIVA RD			NAM	e Et address]				Ì
ALTAMONTE SPRINGS FL						-ST-ZIP					l l
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					NAME		1				,

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 or 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 all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STGNEDUS (CREDINREPRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/11/03 4077740728

☐ Change

☐ Addition

CR2E034 (10/0)