

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90131 017 ***150.00

DOCUMENT # L72868

1. Entity Name
ROYCE YACHT & SHIP BROKERS, INC.

Principal Place of Business

1556 CYPRESS DR
 #14
 JUPITER FL 33469
 US

Mailing Address

1556 CYPRESS DR
 #14
 JUPITER FL 33469
 US

2. Principal Place of Business

1556 CYPRESS DRIVE
 Suite, Apt. #, etc.
 suite 1

City & State
 JUPITER FL

Zip
 33469

Country
 USA

3. Mailing Address

1556 CYPRESS DRIVE
 Suite, Apt. #, etc.
 SUITE 1

City & State
 JUPITER FL

Zip
 33469

Country
 USA

4. FEI Number **65-0197431**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, PAMELA M., ESQ.
 110 SE SIXTH ST
 SUITE 1200
 FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
HERBERT F. MOLZ
 Street Address (P.O. Box Number is Not Acceptable)
 1556 CYPRESS DRIVE SUITE 1
 City **JUPITER** **FL** Zip Code **33469**

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 **HERBERT F. MOLZ**

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

(NOTE: Registered Agent signature required when reinstating)

1/23/01

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MOLZ, HERBERT F. 16960 FRESHWIND CIRCLE JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOLZ, LISA E 16960 FRESHWIND CIRCLE JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **HERBERT F. MOLZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 561/744-9244

Date

Daytime Phone #

CR2E034 (10/00)