FILED Apr 28, 2003 8:00 am

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan ROYAL P			Secretary of State 04-28-2003 90472 038 ****61.25					
933 BEVILLE ROAD 2180 SUITE 103F SUITT		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-504	2180 WEST SR 434		 	NAK INTIN BENIN BENIK BENIN BEN	IK OBKOL IJOKI CIDIR BI	
2. Principal Place of Business 3. M 2180 W SR 434		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc. SUITE 5000		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat) FL	City & State		`	4. FEI Number 4	2-1529998		pplied For of Applicable
3 <u>2779</u> -50	044 US Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register	ed Agent	
933 BEVI SUITE 10 DAYTON	TIZ, WINSTON D ILLE ROAD ISF A BEACH FL 32119 In named entity submits this statement for	- S 2 - L	ENTRY 180 W ONGWO	W HART JR MANAGEMENT SR 434 STE OD FL 3277	5000 '9	om familiar with	and accept	
SIGNATURE	Signature, typed or printed rame of registered agent. FILE NOW: FEE IS \$61.25		E: Registered Agent signs mpaign Financing Contribution.		when reinstating) \$5.00 May Be Added to Fees		eck Payable	
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHWARTZ, WINSTON 933 BEVILLE ROAD #103F DAYTONA BEACH FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP		BOTTONG/OTIANG	EO TO OTT TO ENOTATE	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ADLEY, JAMIE A 933 BEVILLE ROAD #103F DAYTONA BEACH FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD			∑ K hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, CHARLOTTE 933 BEVILLE ROAD #103F DAYTONA BEACH FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE		. □ Delete	TITLE	I			☐ Change	Addition

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 617, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

3/20/03