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

DOCUMENT # N01000004487

1. Entity Name

ROYAL GEMZ CHEERLEADING, INC.

Principal Place of Business	Mailing Address
131 MARTIN CIRCLE ROYAL PALM BEACH FL 33411	131 MARTIN CIRCLE ROYAL PALM BEACH FL 33411

2. Principal Place of Business *Same as above*

3. Mailing Address *Same as above*

Suite, Apt. #, etc. / Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State / City & State

4. FEI Number **65-1123872** | 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
JOHNSTON, LORI L 131 MARTIN CIRCLE ROYAL PALM BEACH FL 33411	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE **DP** NAME **JOHNSTON, LORI L** STREET ADDRESS **131 MARTIN CIRCLE** CITY-ST-ZIP **ROYAL PALM BCH FL 33411**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **D** NAME **JORDAN, MICHAEL** STREET ADDRESS **131 MARTIN CIRCLE** CITY-ST-ZIP **ROYAL PALM BCH FL 33411**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **D** NAME **PAQUETTE, SHARON** STREET ADDRESS **131 MARTIN CIRCLE** CITY-ST-ZIP **ROYAL PALM BCH FL 33411**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: *Signature Johnston*   5/1/03   561-793-1372