FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P0000006212 ROYAL PALM CORPORATION 01-19-2001 90014 041 ***150.00 Principal Place of Business Mailing Address 2652 NE CTH ST. 2652 NE 6TH ST. POMPANO-BOH FL 33062 POMPANO BCH FL 33062 10546 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State OM JAU O 65-0972541. Applied For Seach Not Applicable \$8.75 Additional 06/ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAFRAMBOISE, WALTER G Street Address (P.O. Box Number is Not Acceptable) 2652 NE 6TH ST. POMPANO BCH FL 33062 8. The above named entity submits this statement for the purpose of changing its registered office of ate of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change SR2E034 (10/00) NAME LAFRAMBOISE, WALTER G NAME 3800 N.E. 17 AVE Acombano Bessel. FL 33064 STREET ADDRESS 2652 NE 6TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL 33062 CITY-ST-ZIP ☐ Delete Addition TITLE 3800 NE-17AUE Jandon O BEACH. FC 33069 NAME KENT, MICHAEL C NAME STREET ADDRESS STREET ADDRESS 2652 NE 6TH ST. POMPANO-BCH FL-33062 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 eceiver or trustee employered 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 any address? With all other libs empowered. SIGNATURE: