

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90079 007 ***150.00

DOCUMENT # P00000058214

1. Entity Name

ROYAL STAR LANDSCAPING, INC.

Principal Place of Business

3573 ENTERPRISE AVE
SUITE 85
NAPLES FL 34104

Mailing Address

3573 ENTERPRISE AVE
SUITE 85
NAPLES FL 34104

2. Principal Place of Business

2430 VANDERBILT BCH RD.

3. Mailing Address

2430 VANDERBILT BCH RD.

Suite, Apt. #, etc.

#108-254

Suite, Apt. #, etc.

#108-254

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34109

Country

COLLIER

Zip

34109

Country

COLLIER

4. FEI Number

59-3639400

Applied For

Not Applicable

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

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.

SIGNATURE

[Signature]

4-3-01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSID HANE, F S 3573 ENTERPRISE AVE SUITE 85 NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANE, F K 3573 ENTERPRISE AVE SUITE 85 NAPLES FL 34104	<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
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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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

941-777-6271

Daytime Phone #

CR2E034 (10/00)