

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000066339**1. Entity Name
ROYAL ENTERTAINMENT GROUP, INC.

Principal Place of Business 2729 MAITLAND CROSSING WAY, SUITE 1-302 ORLANDO FL 32810	Mailing Address 2729 MAITLAND CROSSING WAY, SUITE 1-302 ORLANDO FL 32810
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2. Principal Place of Business 2729 MAITLAND CROSSING WAY	3. Mailing Address 2729 MAITLAND CROSSING WAY
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Suite, Apt. #, etc. SUITE 1-302	Suite, Apt. #, etc. SUITE 1-302
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City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32810	Country	Zip 32810	Country
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4. FEI Number 59-3658917	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFLOWERS JOHN
2729 MAITLAND CROSSING WAY, SUITE 1-302

ORLANDO FL 32810**7. Name and Address of New Registered Agent**Name
FLOWERS JOHN
Street Address (P.O. Box Number is Not Acceptable)
2729 MAITLAND CROSSING WAY
SUITE 1-302
City
ORLANDO FL Zip Code
32810

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 _____ **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. FLOWERS JOHN C 2729 MAITLAND CROSSING WAY, APT. 1-302 ORLANDO FL 32810	<input type="checkbox"/> Change <input checked="" 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

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: John C. FlowersMr. **04/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)