

2001 UNIFORM BUSINESS REPORTSM (UBR)

DOCUMENT # P00000076842

1. Entity Name

ROYAL INSURANCE, INC.

5/

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-05-2001 91102 003 ***150.00

Principal Place of Business 1481 SOUTH MILITARY TRAIL SUITE 14 WEST PALM BEACH FL 33415	Mailing Address 1481 SOUTH MILITARY TRAIL SUITE 14 WEST PALM BEACH FL 33415
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CRAFT, THOMAS J ESQ. 301 CLEMATIS AVENUE SUITE 3000 WEST PALM BEACH FL 33401
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4. FEI Number 65-1031653	Applied For Not Applicable
5. Certificate of Status Due \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name DOUG MEYERS	
Street Address (P.O. Box Number is Not Acceptable) 1481 S. MILITARY TRAIL	
SUITE 14	
City WEST PALM BEACH	FL Zip Code 33401

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: *Douglas Meyers* (NOTE: Registered Agent signature required when reinstating) DATE: 5/24/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, ED 1481 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DIR. MEYERS, DOUG 1481 S. MILITARY TR., STE. 14 WEST PALM BEACH, FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Douglas Meyers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 5/24/01 DAYTIME PHONE #

CR2E034 (10/00)