

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0036837 AT

DOCUMENT # P00000095873

1. Entity Name
ROYAL MAINTENANCE CO., INC.

03-13-2002 90142 048 ***150.00

Principal Place of Business
12530 WALDEN RUN DRIVE
FORT MYERS FL 33913

Mailing Address
12530 WALDEN RUN DRIVE
FORT MYERS FL 33913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
12530 WALDEN RUN DR.
FORT MYERS, FL
33913 Country **US**

3. Mailing Address
 Suite, Apt. #, etc.
same
 City & State
 City & State
 Zip Country

4. FEI Number **59-3747857**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VARGA, ZUZANA
12530 WALDEN RUN DRIVE
FORT MYERS FL 33913

7. Name and Address of New Registered Agent
 Name **VARGA ZUZANA**
 Street Address (P.O. Box Number is Not Acceptable)
12530 WALDEN RUN DR.
 City **FORT MYERS** **FL** Zip Code **33913**

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]* **ZUZANA VARGA, PRESIDENT** **02.28.02**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VARGA, ZUZANA	
STREET ADDRESS	12530 WALDEN RUN DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **ZUZANA VARGA, PRESIDENT** **02.28.02** **561-1773**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)