

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90071 035 ***150.00

DOCUMENT # P01000029037

1. Entity Name

MPG ROYAL PALMS, INC.

Principal Place of Business

**2627 MCCORMICK DR., STE. 102
 CLEARWATER FL 33759**

Mailing Address

**2627 MCCORMICK DR., STE. 102
 CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3706377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

STAACK, JAMES A ESQ

**421 N. OSCEOLA AVE., 2ND FL
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900 Drew Street

Suite One

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

(NOTE: Registered Agent signature required when reinstating)

James A. Staack

04/11/02

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, 2002 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 **Chairman**
CHARLES H. MONROE
 STREET ADDRESS **2627 McCormick Dr. Ste 102**
 CITY-ST-ZIP **Clearwater, Florida 33755**

☐ Delete

TITLE/NAME **VP**
IRA WATZ
 STREET ADDRESS **2627 McCormick Dr.**
 CITY-ST-ZIP **Clearwater, FL 33755**

☐ Delete

TITLE/NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE/NAME
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TITLE/NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE/NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE/NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE/NAME
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TITLE/NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

IRA WATZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

727-669-7412

Daytime Phone #

CR2E034 (9/01)