

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90320 008 \*\*\*150.00

DOCUMENT # P01000044362

1. Entity Name

ROYAL Monarch Holdings, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5020 Tlamiami Trail North

3. Mailing Address

Mentor Drive

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NAPLES Florida

City & State  
Naples FL

4. FEI Number  
65-1097937

Applied For  
☒ Not Applicable

34103

Country  
USA

Zip  
34110

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marc D. Felice

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

City Naples FL Zip Code 34110

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

(Marc D. Felice President/Treasurer)

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

(NO IL: 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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$250.00  
Amended UBR is \$40.00  
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	<u>President/Treasurer</u> <u>Marc D. Felice</u> <u>140 Mentor Drive</u> <u>NAPLES FL 34110</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary/Vice President</u> <u>Robert Palmieri</u> <u>21503 Halstead Drive</u> <u>BOCA RATON FL 33428</u>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

(941)-582-7371

CR2E034B (12/01)