

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 019 ***150.00

DOCUMENT # *P01000044362*

1. Entity Name

Royal Monarch Holdings, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5499 N. Federal Hwy

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite L

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State

Zip
33487

Country
USA

Zip

Country

4. FEI Number **65-1097937**

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Marc D. Felice**

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

5499 N. Federal Hwy Suite L

City **Boca Raton**

FL Zip Code
33487

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marc D. Felice (Marc D. Felice) President

4/22/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer/Secretary
Marc D. Felice
5499 N. Federal Hwy Suite L
Boca Raton FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03

561-912-9960

CR2ED34B (12/02)