

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90048 032 ***150.00

DOCUMENT # P01000055091

1. Entity Name
ROYALTY CAR CARE, INC.



Principal Place of Business
5231 WILEY STREET
HOLLYWOOD, FL 33021

Mailing Address
5231 WILEY STREET
HOLLYWOOD, FL 33021

2. Principal Place of Business
9730 S.W. 13th
Suite, Apt. #, etc.

3. Mailing Address
9730 S.W. 13th
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pine FL
Zip
33025
Country
BROWARD

City & State
Pembroke Pine FL
Zip
33025
Country
BROWARD

4. FEI Number
65-1113404
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, IRA
6231 WILEY STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
FAITH WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
9730 S.W. 13th
City
Pembroke Pine FL Zip Code
33025

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 **FAITH WILLIAMS**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE
5-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PD WILLIAMS, IRA 9730 S.W. 13TH ST. PEMBROKE PINES, FL 33025 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, FAITH 9730 S.W. 13TH ST. PEMBROKE PINES, FL 33025 | <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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President / Director FAITH WILLIAMS 9730 S.W. 13th Pembroke Pine FL 33025 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President IRA WILLIAMS 9730 S.W. 13th Pembroke Pine FL 33025 | <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FAITH WILLIAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office Daytime Phone #

CR2034 (10/02)