

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90300 004 ***150.00

DOCUMENT # P01000056374

1. Entity Name
ROYAL PALM TITLE & ABSTRACT, INC.

Principal Place of Business 12777 FOREST HILL BLVD., #1501 WELLINGTON FL 33414	Mailing Address 12777 FOREST HILL BLVD., #1501 WELLINGTON FL 33414
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12765 W. Forest Hill Blvd Suite, Apt. #, etc. 1316	3. Mailing Address 12765 W. Forest Hill Blvd Suite, Apt. #, etc. 1316
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

City & State Wellington, Florida	City & State Wellington, Florida	4. FEI Number 65-1115843	Applied For <input type="checkbox"/> Not Applicable
Zip 33414	Country Palm Beach	Zip 33414	Country Palm Beach
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VANWOERKOM, PAMELA 12777 FOREST HILL BLVD., #1501 WELLINGTON FL 33414	7. Name and Address of New Registered Agent Name Pamela Van Woerkom Street Address (P.O. Box Number is Not Applicable) 12765 W. Forest Hill Blvd, Suite 1316 Wellington, Florida 33414 City Wellington FL Zip Code 33414
-------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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: DATE: 1/22/02

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANWOERKOM, PAMELA 12777 FOREST HILL BLVD., #1501 WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VanWoerkom, Pamela 12765 W. Forest Hill Blvd #1316 Wellington, Florida 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: 1/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)