

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91616 040 ***150.00

DOCUMENT # P01000105596

1. Entity Name

ROYAL PALM HOME BUILDERS, INC.

Principal Place of Business

**2901 NEEDHAM CT.
 DELRAY BEACH FL 33445**

Mailing Address

**2901 NEEDHAM CT.
 DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2404 NW 49th LANE

3. Mailing Address

2404 NW 49th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-3755550

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASACCI, JOSEPH R ESQ
 1000 S. ANDREWS AVE.
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

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

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)

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 ☐ Delete
 NAME **D WALSH, JEFFREY**
 STREET ADDRESS **2901 NEEDHAM CT.**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME **D DOVAS, JAMES A**
 STREET ADDRESS **2404 NW 49TH LN.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. DOVAS J.D

4/15/2002

261-893-9252

Date

Daytime Phone #

CR2E034 (9/01)