2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State P01000116875 DOCUMENT # 1. Entity Name ROYAL IMPERIAL INVESTMENTS, INC. 05-28-2002 91613 012 ***150.00 Principal Place of Business Mailing Address 700 ELEVENTH ST. SOUTH, PH-11 700 ELEVENTH ST. SOUTH, PH-11 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, EDWARD R JR. Street Address (P.O. Box Number is New Acceptable 10 110 2663 FTIROU 700 ELEVENTH ST. SOUTH, PH-11 NAPLES FL 34102 • ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** tered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 5 Delete Addition TITLE TITLE <u>6</u> BRYANT, EDWARD R JR. NAME 700 ELEVENTH ST. SOUTH, PH-11 STREET ADDRESS STREET ADDRESS 001 NAPLES FL 34102 -CITY-ST-ZIP CITY-ST-7/P NANCY J. SHEEHAN Delete TITLE ☐ Addition TITLE IVAPLES, FL. 3410.F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS DIRECTOR SEC CITY-ST-ZIP CITY-ST-ZIP JASON L. SHEEHAND Delete ☐ Change Addition 51 IMPERIAL GOLF COURSIELL STREET ADDRESS STREET ADDRESS NAPLES-FL-34110 DIRECTOR CITY-ST-ZIP CITY-ST-ZIP NORMA G. DEVILLE Delete TITLE TITLE ☐ Change Addition NAME 136 CYPRESS WAY E. APT. 3 STREET ADDRESS STREET ADDRESS VAPLES, FL. 34110-DIRECTOR CITY-ST-ZIP CITY-ST-ZIP-SUZEANN HISHEEMANN ROOFORESTLAKES BLUD APTIMAPT. 11-BLDG 10 TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL.34105 DIRECTOR TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE:

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.