2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
02-10-2003 90209 044 ***150.00

DOCUMENT # P02000002471

1. Entity Name
ROYAL PALM PAINTING, INC.

Principal Place of Business	Mailing Address
2880 CITRUS LAKE DRIVE #Q202 NAPLES FL 34109	2880 CITRUS LAKE DRIVE #Q202 NAPLES FL 34109

2. Principal Place of Business	3. Mailing Address
7590 Citrus Hill Lane	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State
Zip: 34109 Country: U.S	Zip / Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 80-0024687 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
UGHI, MICHAEL
2880 CITRUS LAKE DRIVE #Q202
NAPLES FL 34109

7. Name and Address of New Registered Agent
Name: Michael Ughi
Street Address (P.O. Box Number is Not Acceptable): 7590 CitrusHill Lane
City: Naples FL Zip Code: 34109

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: Michael J. Ughi [signature] President 1/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UGHI, MICHAEL 2880 CITRUS LAKE DRIVE #Q202 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 1/18/03 239-592-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)