



AMENDMENT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)


FILED

03 JUN 16 PM 2:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000013721**

1. Entity Name
 Royal Florida Abstract Co., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 Sunrise Avenue Suite, Apt. #, etc. Suite 103 City & State Palm Beach, FL Zip 33480 Country USA		3. Mailing Address 220 Sunrise Avenue Suite, Apt. #, etc. Suite 103 City & State Palm Beach, FL Zip 33480 Country USA	
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400020884134
 06/16/03--01035--018 **\$61.25
 DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0008226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jeffery N. Young

Street Address (P.O. Box Number is Not Acceptable)
220 Sunrise Avenue, Suite 103

City
Palm Beach, FL Zip Code
33480

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D Jeffery N. Young 220 Sunrise Avenue, Suite 103 Palm Beach, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vanessa L. Banchs 220 Sunrise Avenue, Suite 103 Palm Beach, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffery Young* **6/12/2003** **561-833-1657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

97 6/14