

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90165 014 ***150.00

DOCUMENT # P02000015200

1. Entity Name
ROYAL CAMBRIDGE USA, INC.



Principal Place of Business
431 SE 20TH CT
CAPE CORAL FL 33990

Mailing Address
431 SE 20TH CT
CAPE CORAL FL 33990

2. Principal Place of Business

PO BOX 151668

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 151668

Suite, Apt. #, etc.

City & State

CAPE Coral FL

Zip
33915

Country

USA

City & State

CAPE Coral FL

Zip
33915

Country

USA

4. FEI Number

651051056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

WELLMAN, SHELLY

12730 NEW BRITTANY BLVD, 4TH FL

FT MYERS FL 33907

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RAFFEL, SPENCER	
STREET ADDRESS	431 SE 20TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RAFFEL, MICHELE	
STREET ADDRESS	431 SE 20TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 151668	
CITY-ST-ZIP	CAPE Coral FL 33915	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 151668	
CITY-ST-ZIP	CAPE Coral FL 33915	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Michele Raffel
3-20-03 239-573-6157

Date

Daytime Phone #

CR2E034 (10/02)