

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90223 024 ***150.00

DOCUMENT # P02000071651

1. Entity Name
ROYAL PALM CAPITAL ADVISERS, INC.



Principal Place of Business
**2650 NORTH MILITARY TRAIL
SUITE 240
BOCA RATON FL 33431-7391**

Mailing Address
**2650 NORTH MILITARY TRAIL
SUITE 240
BOCA RATON FL 33431-7391**

11010167



2. Principal Place of Business

555 S. Federal Hwy

3. Mailing Address

595 S. Federal Hwy

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 600

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

54-2067207

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

**AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI FL 33131**

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. 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 NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

**P.O.
Richard C. Rochon
555 S. Federal Hwy # 200
Boca Raton, FL 33432**

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

**VP, T.O.
William M. Pierce
555 S. Federal Hwy # 200
Boca Raton, FL 33432**

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

**VP, O.
Phillip E. Harlow
555 S. Federal Hwy # 200
Boca Raton, FL 33432**

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

**VP, S.O.
Stephen K. Roddenberry
555 S. Federal Hwy # 200
Boca Raton, FL 33432**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

Phillip E. Harlow 4/1/03 561-955-7300

Date

Daytime Phone #

CR2E034 (10/02)