

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042136

1. Entity Name

ROYAL SEBASTIAN DEVELOPMENT, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90376 011 ***150.00

Principal Place of Business

Mailing Address

25 WALTER MARTIN ROAD. N.E.
FORT WALTON BEACH FL 32548

PO BOX 4594
FORT WALTON BEACH FL 32549-4594
US

2. Principal Place of Business

4 LAGUNA STREET

3. Mailing Address

P.O. BOX 4941

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

FWB FLA

FWB FLA

Zip

Country

Zip

Country

32548

USA

32548

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWEIZER, WILLIAM T
866 SANTA ROSA BLVD.
FORT WALTON BEACH FL 32548

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHWEIZER, WILLIAM T. | |
| STREET ADDRESS | 33 BAY DRIVE S.E. | |
| CITY-ST-ZIP | FORT WALTON BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

CR2E034 (9/99)