

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015092

1. Entity Name

ROYAL PALM AUTO SALES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 038 ***150.00

A0067713

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2160 Cleveland Ave.
Fort Myers, FL 33901

Mailing Address
2160 Cleveland Ave.
Fort Myers, FL 33901

2. Principal Place of Business
2160 Cleveland Ave.

3. Mailing Address
2160 Cleveland Ave.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
65-0482400

Applied For
Not Applicable

Zip Country
33901

Zip Country
33901

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

6. Name and Address of Current Registered Agent

Wade H. Parsons, Esq.
1853 Victoria Ave.
Fort Myers, FL 33901

7. Name and Address of New Registered Agent

Name
Bob Parker

Street Address (P.O. Box Number is Not Acceptable)
2160 Cleveland Ave.

City
Fort Myers

FL Zip Code
33901

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Bob Parker
2160 Cleveland Ave.
Fort Myers, FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Bob Parker

4/27/01

941-332-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)