

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000052832**

1. Entity Name

ROYAL FLOORS, INC.**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90052 046 ***150.00

0371621

Principal Place of Business

621 N MISSOURI AVE
SUITE B
LARGO FL 33770
US

Mailing Address

621 NO. MISSOURI AVE
SUITE B
LARGO FL 33770
US

639500

2. Principal Place of Business

11425 66TH STREET NORTH

3. Mailing Address

11425 66TH STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33773

Country

US

Zip

33773

Country

US

4. FEI Number

59-3255659

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GEFFON, RANDY
621 NO MISSOURI AVE
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

GEFFON, RANDY

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

11425 66TH STREET NORTH

City

LARGO

FL

Zip Code

33773

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GEFFON, RANDY
48 DOLPHIN DRIVE
TREASURE ISLAND FL 33706 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET 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: RANDY GEFFON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01 (727) 544-1478

Date

Daytime Phone #

CR2E034 (10/00)