## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P94000073971 ROYAL FERN SALES, INC. 04-23-2000 90005 047 \*\*\*150.00 Principal Place of Business Mailing Address 1803 78TH ST. WEST 1803 78TH ST. WEST BRADENTON FL 34209 **BRADENTON FL 34209-4835** NUU44404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0543047 Not Applicable Country Ζiρ \$8.75 Additional ZipCountry 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>DENNIS M. THOMAS</u> MEISSNER, GREGORY C Street Address (P.O. Box Number is Not Acceptable) 1803-78th St.W. 701 11TH ST. WEST **BRADENTON FL 34205** 34<sup>C</sup>289 Bradenton exalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. mae Dennis M. Thomas SIGNATURE Signature, typed or printed name of reg FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE THOMAS, MICHAEL NAME STREET ADDRESS SJ0474, P.O. BOX 025216 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33102-5216 ☐ Delete TITLE Change ☐ Addition DILE THOMAS, ALEXANDER P JR. NAME NAME STREET ADDRESS 817 ST. LOUIS STREET STREET ADDRESS CITY-ST-ZIP **NEW ORLEANS LA 70112** CITY-ST-ZIP Addition Change" Dēlētē ПΠЕ TITLE THOMAS, DENNIS M NAME NAME 1803-78TH ST W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS 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 appliemental 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 eceiver 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 attantment with an address, with all other like empowered.

SIGNATURE:

Pennis M. ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas ST