2001 UNIFORM BUSINESS REPORT (UBR)

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nent with an address

with all other like empowered.

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P94000073971** 1. Entity Name ROYAL FERN SALES, INC. 04-26-2001 90210 040 ***150.00 Principal Place of Business Mailing Address 1803 78TH ST. WEST 1803 78TH ST. WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0543047 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, DENNIS M Street Address (P.O. Box Number is Not Acceptable) 1803-78TH ST W **BRADENTON FL 34209** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Delete TITLE ___ Change Addition NAME THOMAS, MICHAEL NAME STREET ADDRESS STREET ADDRESS SJ0474, P.O. BOX 025216 CITY-ST-ZIP MIAMI FL 33102-5216 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition THOMAS, ALEXANDER P JR. NAME STREET ADDRESS 817 ST. LOUIS STREET STREET ADDRESS CITY-ST-ZIP **NEW ORLEANS LA 70112** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME THOMAS, DENNIS M NAME STREET ADDRESS STREET ADDRESS 1803-78TH ST W CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

04/19/01