2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90082 018 ***158.75

DOCUMENT # P94000092734

1. Entity Name

GARDENETTE ROYAL PROPERTIES, INC.

836525

Principal Place of Business	Mailing Address
524 GUN CLUB RD. STE 101 WEST PALM BEACH, FL. 33415	4524 GUN CLUB RD. STE 101 WEST PALM BEACH, FL. 33415

2. Principal Place of Business	3. Mailing Address
2010 AVENUE B	P.O. BOX 10478
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVIERA BEACH, FL.	City & State: RIVIERA BEACH FL.
Zip: 33404 Country: PALM BEACH	Zip: 33419-0478 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0654532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOUGLAS E. THOMPSON 4524 GUNCCLUB RD. STE 101 WEST PALM BEACH, FL. 33415	Name: DOUGLAS E. THOMPSON Street Address (P.O. Box Number is Not Acceptable): 1280 NORTH CONGRESS AVENUE SUITE 109 City: WEST PALM BEACH FL Zip Code: 33409

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: DOUGLAS E. THOMPSON 04/05/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete PSD JOHN STALUPPI 4524 GUN CLUB RD. STE 101 WEST PALM BEACH, FL. 33415	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☒ Change ☐ Addition PSD JOHN STALUPPI 2010 AVENUE B RIVIERA BEACH, FL. 33404
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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: JOHN STALUPPI PRESIDENT 04/07/00 (561) 844-7148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E031 (6/99)