

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024092

1. Entity Name

ROYAL CONSTRUCTION, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90039 043 \*\*\*158.75

Principal Place of Business

Mailing Address

~~1500 OAK FAIR BLVD~~ 1363 Oak Field Dr.  
~~SUITE 230~~ Brandon, FL  
~~TAMPA FL 33610~~ 33511  
~~1500 OAK FAIR BLVD~~  
~~SUITE 230~~  
~~TAMPA FL 33610-7353~~

2. Principal Place of Business

1363 Oak Field Drive

Suite, Apt. #, etc.

3. Mailing Address

1363 Oak Field Drive

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

Country

33511 Hillsborough

City & State

Brandon FL

Zip

Country

33511 Hillsborough

4. FEI Number

59-3339897

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLIN, GREGORY M  
 3946 CEDAR CAY CIRCLE  
 VALRICO FL 33594

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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]*

5-8-2000

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, 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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOLIN, GREGORY M	
STREET ADDRESS	3946 CEDAR CAY CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HELLER, DAVE	
STREET ADDRESS	1619 CARTER OAKS DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PENTON, DEBRA	
STREET ADDRESS	1803 BIND POND AVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-2000

Date

Daytime Phone #

CR2E034 (9/99)