

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9500028670

Entity Name

ROYAL PALM BUILDERS II

03 MAY 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

2. Principal Place of Business

5811 PELICAN BAY BLVD. SAME

Suite, Apt. #, etc.

SUITE 208

City & State

NAPLES, FL

Zip

34108

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0572646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name

STEPHEN COLEMAN

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

161 TUPELO ROAD

City

NAPLES

FL

Zip Code

34108

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

may 9, 03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OFFICER
STEPHEN COLEMAN
161 TUPELO ROAD
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OFFICER
JEFFREY COLEMAN
P O BOX 681329
PARK CITY, UT 84068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OFFICER
MARK COLEMAN
552 PINE GROVE LANE
NAPLES, FL 34103

TITLE
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STREET ADDRESS
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12. 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 and I am duly qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clifton, NJ 07013-2483

5/9/03

239-566-2719

CR2E034B (12/02)