

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90025 010 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000060179			
1. Entity Name ROYALTY VENTURES, INC.			
Principal Place of Business 20491 THE GRANADA STE 7 DUNNELION FL 34432		Mailing Address 20491 THE GRANADA STE 7 DUNNELION FL 34432	
2. Principal Place of Business 3925 N. CALEDONIA DR.		3. Mailing Address 3925 N. CALEDONIA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BEVERLY HILLS, FLORIDA		City & State BEVERLY HILLS, FLORIDA	
Zip 34465	Country USA	Zip 34465	Country USA
4. FEI Number 59-3328706			
Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WINROW, THOMAS L 16283 SW 57TH ST OCALA FL 34481		7. Name and Address of New Registered Agent Name THOMAS L. WINROW Street Address (P.O. Box Number is Not Acceptable) 3925 N. CALEDONIA DRIVE City BEVERLY HILLS, FL Zip Code 34465	
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 Thomas L. Winrow - THOMAS L. WINROW - PRESIDENT 1-4-01 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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WINROW, THOMAS 20491 THE GRENADA-STE 7 DUNNELION FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WINROW, THOMAS 3925 N. CALEDONIA DRIVE BEVERLY HILLS, FLORIDA 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAVATHAS, SAMUEL A 20491 THE GRENADA-STE 7 DUNNELION FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAVATHAS, SAMUEL A. 3925 N. CALEDONIA DRIVE BEVERLY HILLS, FLORIDA 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas L. Winrow - THOMAS L. WINROW 1-4-01 352-249-1075 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/00)