FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am Secretary of State DOCUMENT # P95000082938 1. Entity Name ROYAL HOSPITALITY SERVICES, INC. 01-29-2002 90033 022 ***158.75 Principal Place of Business Mailing Address 802 N.W. FIRST ST 802 N.W. 1ST STREET 412436 SOUTH BAY FL 33493 SOUTH BAY FL 33493 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 65-0617079 Not Applicable Zip Country Zip Country \$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 ROYAL, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 802 N.W. FIRST ST SQUTH BAY FL 33493 City 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition ROYAL, A. SCOTT NAME STREET ADDRESS 802 N.W. FIRST ST STREET ADDRESS CITY-ST-7IF SOUTH BAY FL CITY-ST-ZIP D۷ TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME ROYAL, DERIK C STREET ADDRESS STREET ADDRESS 802 N.W. FIRST STREET CITY-ST-ZIP CITY-ST-7IP SOUTH BAY FL TITLE ☐ Addition DP ☐ Delete TITLE Change NAME ROYAL, STEVEN B NAME STREET ADDRESS 802 N.W. FIRT ST STREET ADDRESS CITY-ST-ZIP **SOUTH BAY FL** CITY-ST-ZIP TITLE DTS ☐ Delete TITLE ☐ Change ☐ Addition NAME TEETS, JAMES C NAME STREET ADDRESS 802 NW FIRST ST STREET ADDRESS CITY-ST-ZIP SOUTH BAY, FL CITY-ST-ZIP . . . ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TREE OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR