

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000086360**

1. Entity Name

ROYAL FUN TIME, INC.



Principal Place of Business
**5770 WEST IRLO BRONSON MEMORIAL HIGHWAY
#129
KISSIMMEE FL 34746**

Mailing Address
**5770 WEST IRLO BRONSON MEMORIAL HIGHWAY
#129
KISSIMMEE FL 34746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

59-3342084

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**HUNDLEY, CHARLES D
2795 FLORIDA PLAZA BLVD.
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name

Street: **5770 W Irlo Bronson Hwy,**
Suite: **129**
City: **Kissimmee, FL 34746**

Address only

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **CD**
NAME: **HUNDLEY, CHARLES D**
STREET ADDRESS: **2795 FLORIDA PLAZA BLVD.**
CITY-ST-ZIP: **KISSIMMEE FL 34746**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**5770 W Irlo Bronson M. Hwy
Suite# 129
Kissimmee, Fl. 34746**

Change
Address only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change
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CITY-ST-ZIP

Change
 Addition

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Charles D. Hunday

President

4/18/03

407 397 9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9446950
AV

**FILED
Apr 23, 2003 8:00 am
Secretary of State**

04-23-2003 90289 014 ***158.75



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)