2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State P96000009533 DOCUMENT # 1. Entity Name 09-12-2001 90029 019 ***550.00 ROYAL PALACE CIRCUS, INC. Principal Place of Business Mailing Address 2831 RINGLING BLVD. STE 207-C 2831 RINGLING BLVD. STE 207-C SARASOTA FL 34237 SARASOTA FL 34237 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 59-3370588 Not Applicable Zip Country Country Zip . \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBSKY, HARRY JR. Street Address (P.O. Box Number is Not Acceptable) 2831 RIMGLING BLVD. STE 207-C SARASOTA FL 34237 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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. (5/01)☐ Addition TITLE ☐ Delete TITLE ☐ Change DUBSKY, HARRY SR. NAME NAME 2831 RINGLING BLVD. STE 207-C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE DUBSKY, HARRY JR. NAME NAME STREET ADDRESS STREET ADDRESS 2831 RINGLING BLVD STE 207-C CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7JP 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE

changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR DUBSKY Dr. 9/7/01 941 951

FILED