

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064833

1. Entity Name

ROYAL PALM MOBILE HOME PARK CORPORATION

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90145 048 ***150.00

0596462

Principal Place of Business 2781 2ND AVENUE NORTH LAKE WORTH FL 33461	Mailing Address 30300 TELEGRAPH RD STE 117 BINGHAM FARMS MI 48025 US
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00042203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 370 EAST MAPLE RD. 3rd FLOOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BIRMINGHAM, MI	
Zip	Country	Zip 48009	Country

4. FEI Number 65-0696560	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 DAVIS, ROBERT S 2781 2ND AVENUE NORTH LAKE WORTH FL		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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.

SIGNATURE _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAVIS, ROBERT S 2781 2ND AVENUE NORTH LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, SANDRA 2781 2ND AVENUE NORTH LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)