

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000066035**

1. Entity Name  
**ROYAL TAPESTRY, INC.**

Principal Place of Business 9351 NW 39TH CT  CORAL SPRINGS FL 33068	Mailing Address 9351 NW 39TH CT  CORAL SPRINGS FL 33068
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2. Principal Place of Business 9351 NW 39TH CT.	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CORAL SPRINGS FL	City & State
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Zip 33068	Country	Zip	Country
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4. FEI Number <b>65-0698201</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HARRIS EVELYN L**  
 9351 NW 39TH CT  
  
 CORAL SPRINGS FL 33068

**7. Name and Address of New Registered Agent**

Name <b>IDA SAWYER Q</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1011 ADAMS ST.</b>
City <b>WEST PALM BEACH FL</b>
Zip Code <b>33407</b>

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 **IDA SAWYER**

**03/26/2001**

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)

**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.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AILEEN WALLER MS. 1011 ADAMS ST WEST PALM BEACH FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN ANTHOS MR. 260 NW 24TH CT POMPANO BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTINO VINCE MR 381 NW 36TH ST. POMPANO BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAIRE FRANKIE MS 1207 HAMPTON BLVD NO LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Frankie Claire**

**P** **03/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)