

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90637 035 ***150.00

DOCUMENT # P96000096225

1. Entity Name
ROYAL HORSE DRAWN CARRIAGES, INC.

Principal Place of Business

2205 S CYPRESS BEND
BLDG. 8 #608
POMPANO BEACH FL 33069

Mailing Address

2205 S CYPRESS BEND
BLDG. 8 #608
POMPANO BEACH FL 33069



2. Principal Place of Business

2213 CYPRESS ISLAND DR
 Suite, Apt. #, etc.
BLDG 64 - # 507

3. Mailing Address

2213 CYPRESS ISLAND DR
 Suite, Apt. #, etc.
BLDG 64 - # 507

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number **65-0735653**

Applied For
☐ **Not Applicable**

Zip
33069

Country
USA

Zip
33069

Country
USA

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

6. Name and Address of Current Registered Agent

WETZEL, JAMES
2205 S. CYPRESS BEND
BLDG. 8 #608
POMPANO BEACH FL 33069-26

7. Name and Address of New Registered Agent

Name
JAMES WETZEL
Street Address (P.O. Box Number is Not Acceptable)
2213 CYPRESS ISLAND DR
BLDG 64 - # 507
City **POMPANO BEACH** **FL** **Zip Code** **33069**

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 **JAMES WETZEL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

1-15-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **WETZEL, JAMES**
STREET ADDRESS **2205 S CYPRESS BEND BLDG 608**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D-P-S** ☒ **Change** ☐ **Addition**
NAME **WETZEL, JAMES**
STREET ADDRESS **2213 CYPRESS ISLAND DR-BLDG 64 - 507**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES WETZEL 1-15-02

Date

Daytime Phone #

954 971-9820

CR2E034 (9/01)