

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

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90009 022 ***150.00

DOCUMENT # *P96000103887*

1. Entity Name

PSP ROYALTY COMPANY

DO NOT WRITE IN THIS SPACE

54008180

2. Principal Place of Business

2274 NIKI JO LANE

Suite, Apt. #, etc.

3. Mailing Address

2274 NIKI JO LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0729545

Applied For

Not Applicable

Zip

33410-2030

Country

Zip

33410-2030

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN BERNSTEIN

Street Address (P.O. Box Number is Not Acceptable)

4869-4 OKEECHOBEE BLVD.

City

WEST PALM BEACH

FL

Zip Code

33417

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

KAHL, BOB

2274 NIKI JO LANE

PALM BEACH, FL 33410

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

KAHL, GWEN

2274 NIKI JO LANE

PALM BEACH, FL 33410

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

Robert C. Kahl
ROBERT C. KAHL

2/9/04
2/9/04

561 7761156
561 7761156

President