

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000059640**1. Entity Name
ROYALE CHIMES, INC.**Principal Place of Business**141 5TH STREET NW
SUITE 100
WINTER HAVEN
33881

FL

Mailing Address141 5TH STREET NW
SUITE 100
WINTER HAVEN
33881

FL

2. Principal Place of Business

505 AVENUE A, NW

3. Mailing Address

505 AVENUE A, NW

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

WINTER HAVEN, FL

FL

City & State

WINTER HAVEN

FL

Zip

33881

Country

Zip

33881

Country

4. FEI Number**59-3457002**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOVONI BRIAN R
141 5TH STREET NW
SUITE 100
WINTER HAVEN
33881

FL

7. Name and Address of New Registered Agent

Name

GOVONI BRIAN R

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

505 AVENUE A, NW

SUITE 102

City

WINTER HAVEN

FL

Zip Code
33881

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 **BRIAN R. GOVONI****04/30/2001**

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 D ☐ Delete
NAME GOVONI BRIAN R.
STREET ADDRESS 141 5TH ST, NW, SUITE 100
CITY-ST-ZIP WINTER HAVEN FL 33881TITLE D ☐ Delete
NAME PRATT ROBERT
STREET ADDRESS 131 MOUNT ANNAN DRIVE, KINGS PARK
CITY-ST-ZIP GLASGOW, G44 4RX, SCOTLANDTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME GOVONI BRIAN R.
STREET ADDRESS 505 AVENUE A, NW., SUITE 102
CITY-ST-ZIP WINTER HAVEN FL 33881TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Robert Pratt

Dir

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)