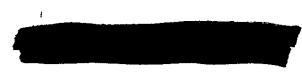
2002 Uniform Business Report (UBR)	FILED
OCUMENT # <b>P97000067377</b>	Apr 02, 2002 8:00
OCUMENT # P9700067377  Entity Name  LLER HOME, INO.	Secretary of Stat
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ROYAL GARDENS OF ST. CLOUD, INC. 4511 NEPTUNE ROAD

4511 NEPTUNE ROAD ST. CLOUD FL 34769

ST. CLOUD FL 34769

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

59-3462256 5. Certificate of Status Desired

7. Name and Address of New Registered Agent

**\$8.75** Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

PARELLANO RRENDA G

2798 WOODSTREAM CIRCLE
KISSIMMEE FL 34743

SIGNATURE \_

(See criteria on back)

D

4. FEI Number

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

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code FL

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. - Ottange TITLE ☐ Delete TITLE ☐ Addition PABELLANO, ROLLEN NAME 2798 WOODSTREAM CIR. STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE PABELLANO, BRENDA NAME NAME 2798 WOODSTREAM CIR. STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP . Addition \_ TITLE - Delete \_TITLE\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034