

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068823

1. Entity Name
ROLY'S OF DUBLIN, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90018 023 ***150.00

Principal Place of Business
11588 US AGWY STE. 1
PALM BCH GARDENS FL 33410
US

Mailing Address
11588 US AGWY STE. 1
PALM BCH GARDENS FL 33410
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

4. FEI Number **65-0831649**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELGESEN, ANDREW
11380 PROSPERITY FARMS RD.
SUITE 201
PALM BEACH GARDENS FL 33410

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D O'SULLIVAN, JOHN 905 AUGUSTA POINTE DR. PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'SULLIVAN, ANGELA 905 AUGUSTA POINTE DR. PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Roly's

Doc # P97000068823

B0103657

11588 U.S. Highway 1
Palm Beach Gardens, FL 33410
Tel: 561 694 0066
Fax: 561 694 0065

JULY 18,2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

RE DOCUMENT #P97000068823 UNIFORM BUSINESS REPORT
FEI-NUMBER-65-0831649

DEAR SIR OR MADAM:

PLEASE ACCEPT ENCLOSED CHECK FOR \$150.00. WE DID NOT RECEIVE NOTIFICATION THAT THIS UNIFORM BUSINESS REPORT WAS DUE BEFORE MAY 1ST OF THIS YEAR. WE ONLY RECEIVED THE SECOND NOTICE LAST WEEK AND WERE UNAWARE OF REQUIREMENT UNTIL THAT TIME.

PLEASE UNDERSTAND THAT WE ARE AN IRISH OWNED CORPORATION AND WERE UNAWARE OF THIS REQUIREMENT. HOWEVER, WE ARE CERTAIN THAT THE ANNUAL REPORT FORM WAS NOT RECEIVED. IN THE FUTURE, WE WILL COMPLY BEING MINDFUL THAT THE FORM MUST BE FILED BEFORE MAY 1ST OF EACH YEAR.

RESPECTIFULLY



MR. DECLAN HOCTOR
GENERAL MANAGER
ROLY'S OF DUBLIN, INC
11588 US HIGHWAY ONE
PALM BEACH GARDENS, FL 33410
1-561-694-0066