

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090512

1. Entity Name

ROYAL BLACK WATCH, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90120 001 ***150.00

Principal Place of Business 4400 PGA BLVD., STE. 505 PALM BEACH GARDENS FL 33410	Mailing Address 4400 PGA BLVD., STE. 505 PALM BEACH GARDENS FL 33410-6558
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2000 PGA Blvd. Suite, Apt. #, etc. Suite 4410 City & State N. Palm Beach, FL Zip 33408-2738 Country USA	3. Mailing Address 2000 PGA Blvd. Suite, Apt. #, etc. Suite 4410 City & State N. Palm Beach, FL Zip 33408-2738 Country USA
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4. FEI Number 65-0788643	APPLIED FOR Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
4400 PGA BLVD., STE. 505 2000 PGA Blvd. Suite 4410
PALM BEACH GARDENS FL 33410-
N. Palm Beach, FL 33408-2738

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD W 4400 PGA BLVD., STE. 505 PALM BEACH GARDENS FL 33410-	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 PGA Blvd., Suite 4410 N. Palm Beach, FL 33408-2738
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

561-627-0677

Daytime Phone #

Donald W. Miller

CR2E034 (9/99)