

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90467 001 \*\*\*450.00

DOCUMENT # P97000090512

1. Entity Name  
ROYAL BLACK WATCH, INC.



Principal Place of Business  
2000 PGA BLVD  
STE 4410  
NORTH PALM BEACH FL 33408-2738

Mailing Address  
2000 PGA BLVD  
STE 4410  
NORTH PALM BEACH FL 33408-2738



2. Principal Place of Business  
3801 PGA BLVD  
Suite, Apt. #, etc.  
806

3. Mailing Address  
P.O. Box 30633  
Suite, Apt. #, etc.  
P

☐ CHECK HERE IF MAKING CHANGES

City & State  
Palm Beach Gardens, FL  
Zip  
33410  
Country  
USA

City & State  
Palm Beach Gardens, FL  
Zip  
33420-0633  
Country  
USA

4. FEI Number 65-0788643

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C  
2000 PGA BLVD STE 4410  
NORTH PALM BEACH FL 33408-2738

## 7. Name and Address of New Registered Agent

Name Donald W. Miller  
Street Address (P.O. Box Number is Not Acceptable)  
3801 PGA BLVD,  
Suite 806  
City Palm Beach Gardens FL Zip Code 33410

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 Donald Miller DATE 04/08/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DONALD W	
STREET ADDRESS	2000 PGA BLVD STE 4410	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408-2738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 PGA BLVD, 806	
STREET ADDRESS	P.O. Box 30633	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, which other like empowered.

SIGNATURE: Donald Miller DATE 4/08/03 561-366-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)