

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90047 041 ***150.00

DOCUMENT # P98000007756

1. Entity Name

ROYAL FOAM, INC.

Principal Place of Business

**1333 HAINES ST
 JACKSONVILLE FL 32206**

Mailing Address

**1333 HAINES ST
 JACKSONVILLE FL 32206**

2. Principal Place of Business

1333 HAINES ST

Suite, Apt. #, etc.

3. Mailing Address

1333 HAINES STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3488946

Applied For

Not Applicable

Zip

Country

32206

DUVAL

Zip

Country

32206

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOROZOV, VLADIMIR

1333 HAINES ST

JACKSONVILLE FL 32206-6035

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, 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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **MOROZOV, VLADIMIR**
 STREET ADDRESS **12030 ANTIBES STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
 NAME **PALY, PAVEL**
 STREET ADDRESS **443 NAUGATUCK DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
 NAME **PALY, NIKOLAY**
 STREET ADDRESS **3941 LOCHLAUREL DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **PALY, EUGENE**
 STREET ADDRESS **3875 SAN PABLO RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/02

Date

Daytime Phone #

CR2E034 (9/01)