2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE

Aug 13, 2001 8:00 am Secretary of State P98000043538 DOCUMENT # 1. Entity Name ROYCE'S DESIGNS, INC. 08-13-2001 90003 011 ***150.00 Principal Place of Business Mailing Address 6110-5 POWERS AVE P O BOX 16903 JACKSONVILLE FL 32217 JACKSONVILLE FL 32245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-3650260 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, CLAUDIANELL Street Address (P.O. Box Number is Not Acceptable) 10113-1602-WHIPPORWILL-LN <u>Jeerwood</u> JACKSONVILLE FL 32256 City 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition COOPER, CLAUDIANELL NAME NAME P.O. BOX 16903 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville fl CITY-ST-7IP TITLE D۷ ☐ Delete TITLE Change ☐ Addition NAME MCGOWAN, ROYCE NAME STREET ADDRESS P.O. BOX 16903 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change ☐ Addition NAME ELBERT, PHYLLIS NAME STREET ADDRESS 2830 GRESHAM ROAD -- -- --STREET ADDRESS. CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Ų, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T!TI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the rec

B.Coopers



RE:
ROYCE'S DESIGNS, INC. # 59-3650260
P.O. BOX 16903
JACKSONVILLE, FL 32245

TO WHOM IT MAY CONCERN:

THIS LETTER IS_IN_RESPONSE_TO_THE_2001_UNIFORM_BUSINESS_REPORT_THAT- -- - I RECENTLY RECEIVED.

I AM ENCLOSING A CHECK FOR \$150.00 AND ACCOPY OF THE CHECK IN THE SAME AMOUNT THAT I SENT ON APRIL 23, 2001 TO PAY FOR THE CORPORATE ANNUAL REPORT. I HAVE CONTACTED YOUR OFFICE BY PHONE AND WAS INSTRUCTED TO SEND IN ANOTHER PAYMENT WITH A LETTER EXPLAINING THAT A PAYMENT HAD ALREADY BEEN SENT IN MONTHS AGO.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION, PLEASE CONTACT ME AT YOUR EARLIEST CONVENIENCE. 1-904-732-2462

THANK YOU FOR YOUR ASSISTANCE IN RESOLVING THIS MATTER.

SINCERELY,

CLAUDIANELL B.COOPER

PRESIDENT

CBC/twc

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Ottochment Doc# 198000043538 Bau61997

