

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90061 035 ***150.00

DOCUMENT # P98000051162			
1. Entity Name ROYAL PRESS, INC.			
Principal Place of Business 13654 N. 12TH ST., STE. 5 TAMPA FL 33613-4259		Mailing Address 13654 N. 12TH ST., STE. 5 TAMPA FL 33613-4259	
2. Principal Place of Business		3. Mailing Address 13654 N 12TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE # 5	
City & State		City & State TAMPA, FL. 33613-4259	
Zip	Country	Zip	Country
33613-4259		33613-4259	HILLSBOURGH
6. Name and Address of Current Registered Agent HILL, J M 1628 N. DALE MABRY., STE 112 LUTZ FL 33549		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 _____ (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. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SHIRMOHAMMED, IRADJ 13654 N. 12TH ST., STE. 5 TAMPA FL 33613-4259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>IRADJ SHIRMOHAMMED</i>		01/30/01 (813) 931-3118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)