2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Secretary of State P98000068030 DOCUMENT # 01-22-2002 90009 013 ****50.00 ROYAL PALM BUILDERS I, INC. 03-06-2002 90007 013 ***100.00 Principal Place of Business Mailing Address 5811 PELICAN BAY BLVD. #208 5811 PEUCAN BAY BLVD. #208 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3524881 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 LAWSON, LINDA A ESQ. Street Address (P.O. Box Number is Not Acceptable) 866 99TH AVENUE NORTH NAPLES FL 34108 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 (9/01 TITLE ☐ Delete TITLE ☐ Change COLEMAN, STEPHEN D 5811 PELICAN BAY BLVD. #208 **CR2E034** STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME COLEMAN, JEFREY A NAME 5811 PELIĆAN BAY BLVD. # 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP 71TL F ☐ Addition Delete TITLE Change NAME COLEMAN, MARK L NAME STREET ADDRESS 5811 PELICAN BAY BLVD. # 208 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Change nne DDE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 regular 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 drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information indicated on this report or supplier

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