2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900001644 **DOCUMENT #**

1. Entity Name RONVIL II, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90424 011 ***150.00

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Suite, Apt. #, elic. Suite, Apt. #, elic. Suite, Apt. #, elic. Check Here if MAKING CHANGES Zip	8087 MONETARY DRIVE UNIT F-1 RIVIERA BEACH FL 33404		8067 Monetary Drive Unit F-1 - Riviera Beach FL 33404		 		618 41 8184 1881	
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City & State Country Country Country S. Countr	2. Throipart lace of business		5. Mailing Address					
Schedules Schedules Security Security	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent File Propried City FL Zip Code City	City & State		City & State			4. FEI Number 65-0896877		
EDWARDS, CHRIS M 1001 N. U.S HIGHWAY ONE., STE 400 JUPITER FI. 33477 City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the state of Florida. (am familiar with, and accept the	Zip		·	Country		5. Certificate of Status Desired		
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					Name			
### City FL Zip Code ### City FL Zip Code ### File Now in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### File Now in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### File Now in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### File Now in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### File Now in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida with the state of Florida then miniately) ### Bill Register of Florida then miniately) ### Costello State Andress of Florida then mi				Street Address (P.O. Box Number is Not Acceptable)		
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 Signature, typed or prints name of registered agent and title it suplecable. (NOTE: Proposered Agent signature required when interating)	STE 400							
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD	JUPITER F	EL 33477	4	City		F	Zip Cod	e
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent sig		when reinstating) DATE		
TITLE PD COSTELLO, RONALD J MAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP COSTELLO, RONALD J SIREET ADDRESS CITY-ST-ZIP COSTELLO, RONALD J SIREET ADDRESS CITY-ST-ZIP COSTELLO, VILMA SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	∽-After	May 1, 2003 Fee will be \$550.00	f State	. %				
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	TITLE NAME STREET ADDRESS CUTY-ST-ZIP		☐ Oelete	NAME STREET ADDRES	s		☐ Change	Addition
		ertify that the information supplied with	this filing does not qualify for		tated in Sec	ction 119 07(3)(i) Florida Statutas Liturbor or	artify that the in	formation

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, with all other like empowered.

SIGNATURE:

Daytime Phone #