

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 023 ***150.00

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DOCUMENT # P99000103634

1. Entity Name

ROYAL PALM POOLS & SPAS, INC.



Principal Place of Business

104 LAUREL WAY
PONTE VEDRA BEACH FL 32082

Mailing Address

104 LAUREL WAY
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

8124 ELLESMERE PLACE

Suite, Apt. #, etc.

3. Mailing Address

8124 ELLESMERE PLACE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO / FLORIDA

City & State

ORLANDO / FLORIDA

4. FEI Number

59-3610833

Applied For

Not Applicable

Zip

32836-5768 ORANGE

Country

Zip

32836-5768 ORANGE

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALKOWITSH, CHRIS B
104 LAUREL WAY
PONTE VEDRA BEACH FL 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chris B. Palkowitsh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	PALKOWITSH, CHRIS B	
STREET ADDRESS	104 LAUREL WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	WILKISON, MARILYN J	
STREET ADDRESS	365 SHARPE LANE	
CITY-ST-ZIP	ALPHARETTA GA 30022-4881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALKOWITSH, CHRIS B	
STREET ADDRESS	8124 ELLESMERE PLACE	
CITY-ST-ZIP	ORLANDO / FLORIDA / 32836-5768	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARBLE, CHERYL L.	
STREET ADDRESS	8124 ELLESMERE PLACE	
CITY-ST-ZIP	ORLANDO / FLORIDA / 32836-5768	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris B. Palkowitsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2003

Date

407-576-5209

Daytime Phone #

CR2E034 (10/02)