

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90031 050 ***150.00

DOCUMENT # **PA9000104360**

1. Entity Name **ROYAL YACHT CHARTER**

DO NOT WRITE IN THIS SPACE

54006401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

341 ROYAL PLAZA DRIVE

Suite, Apt. #, etc.

PMB 432, 2400 EAST LAS OLAS AVE

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE

4. FFI Number

65-0965607

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN CHILLINGWORTH

Street Address (P.O. Box Number is Not Acceptable)

341 ROYAL PLAZA DRIVE

City

FT. LAUDERDALE

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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

John Chillingworth

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

(NOTE: Registered Agent signature required when reissuing)

DATE

11 FEBRUARY 2004

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT
JOHN CHILLINGWORTH
341 ROYAL PLAZA DRIVE
FT LAUDERDALE FL 33301**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VICE PRESIDENT
EMMA CHILLINGWORTH
341 ROYAL PLAZA DRIVE
FT. LAUDERDALE FL 33301**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Chillingworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 FEBRUARY 2004

Date

Daytime Phone #

954 646 6101

CR2E034B (12/01)