

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90176 048 \*\*\*150.00

**DOCUMENT # S42315**

1. Entity Name

**ROYALTIES, INC.**

Principal Place of Business

Mailing Address

3333 W. COMMERCIAL BLVD. #100  
 FT. LAUDERDALE FL 33309

3333 W. COMMERCIAL BLVD. #100  
 FT. LAUDERDALE FL 33065-4817

011505

2. Principal Place of Business

**10307 ROYAL PALM BV**

3. Mailing Address

**10307 ROYAL PALM BV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS FL**

City & State

**CORAL SPRINGS FL**

4. FEI Number

**65-0335922**

Applied For

Not Applicable

Zip

**33065**

Country

**USA**

Zip

**33065**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, DARRELL L.**  
**7911 WOODRIDGE DRIVE SOUTH**  
**PARKLAND FL 33067**

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

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

(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.  
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** may  
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **YOUNG, DARRELL L.**  
 STREET ADDRESS **7911 WOODRIDGE DRIVE S.**  
 CITY-ST-ZIP **PARKLAND FL**

TITLE ☐ Delete  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DARRELL L. YOUNG**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/00 (954) 752-97**