2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND EXPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2001 8:00 am Secretary of State **DOCUMENT # \$48405** ROYALL WALL SYSTEMS, INC. 05-14-2001 90176 026 ***150.00 Mailing Address Principal Place of Business 300-A ROYAL COMMERCE ROAD 300-A ROYAL COMMERCE ROAD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0267271 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUCHS LARRY Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD **ROYAL PALM BEACH FL 33411** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition Change PD ☐ Delete TITLE TITLE SANGER, WALLACE, D NAME NAME STREET ADDRESS STREET ADDRESS 300-A ROYAL COMMERCE RD CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL CDS ☐ Addition TITI F XST Delete TITLE SANTAMARIA, JESS, R NAME NAME STREET ADDRESS 300-A ROYAL COMMERCE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Change - - ☐ Addition TITLE Delete SANTAMARIA, JESS, R NAME NAME STREET ADDRESS STREET ADDRESS 300-A ROYAL COMMERCE RD CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL Change Addition ☐ Delete TITLE TITLE 300A ROYAL COMMERCE 6S NAME STREET ADDRESS STREET ADDRESS PALM BEACH. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.