

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467765

1. Entity Name

REGIONAL CONSTRUCTION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90077 040 ***158.75

Principal Place of Business

Mailing Address

5511 HANSEL AVE
ORLANDO FL 32809
US

P.O. BOX 593359
ORLANDO FL 32859-3359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1567205**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOKER, DOUGLAS P
5511 HANSEL AVENUE
ORLANDO FL 32809

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.

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDS
NAME HOOKER, DOUGLAS P
STREET ADDRESS 9425 SLOANE ST
CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

TITLE S
NAME HOOKER, DOUGLAS P
STREET ADDRESS 9425 SLOANE ST
CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

TITLE VP
NAME JONES, STANLEY R
STREET ADDRESS 5511 HANSEL AVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VP
NAME HOOKER, MARCUS P
STREET ADDRESS 5511 HANSEL AVE
CITY-ST-ZIP ORLANDO FL 32827 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

Douglas P. Hooker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

407/851-1519

Daytime Phone #