

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467765

1. Entity Name

REGIONAL CONSTRUCTION, INC.

Principal Place of Business

5511 HANSEL AVE
ORLANDO FL 32809
US

Mailing Address

P.O. BOX 593359
ORLANDO FL 32859-0359

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
NAME HOOKER, DOUGLAS P
STREET ADDRESS 9425 SLOANE ST
CITY-ST-ZIP ORLANDO FL 32827

TITLE S ☐ Delete
NAME HOOKER, DOUGLAS P
STREET ADDRESS 9245 SLOANE ST
CITY-ST-ZIP ORLANDO FL 32827

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90243 026 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)