## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 19, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # 534265 1. Entity Name 03-19-2003 90167 024 \*\*\*150.00 REGUS, INC. Principal Place of Business Mailing Address 6013 S 6TH ST PO BOX 16 **TAMPA FL 33611** SNELDON SC 29941 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1784665 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOERLICH, RICHARD E. JR. Street Address (P.O. Box Number is Not Acceptable) 6013 S 6TH ST TAMPA FL 33611 $\hat{\mathcal{O}}_{\mathbf{t}}$ City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME GOERLICH, RICHARD E JR NAME STREET ADDRESS 639 PAIGE POINT RD STREET ADDRESS CITY-ST-ZIP SEABROOK SC 29940 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME GOERLICH, RICHARD E III NAME STREET ADDRESS STREET ADDRESS 6013 S 6TH ST CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33611** TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 3 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like err

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition