1. Entity Name

REGIONAL BUILDERS, INC.

**DOCUMENT # 628709** 

Principal Place of Business 7409 ESTRELLA CIRCLE

Mailing Address

7409 ESTRELLA CIRCLE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	₩ CIN'

**FILED** Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90048 038 \*\*\*150.00

DON THION PE 33453			DOGA HATON FL 33433			642813				
. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State		4. FEI Number	59-1922722			plied For t Applicable	
Zip	Zip Country Zip Co			Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and	Address of Current F	egistered Agent			7. Name and /	Address of New Re	gistered Ager	nt	
	PNER, MICHAEL				Name Street Address	A /D O Day Number	in Nick A			
7409 ESTRELLA CIRCLE BOCA RATON FL 33433					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	)
3. The above	named entity sub	mits this statement for i	the purpose of channing	g its registere	d office or regis	tered agent, or both	, in the State of Flori	da.		
SIGNATURE _	Signature, typed or print	ed name of recustered agent a	nd title if applicable.	(NOTE: Registered	d Agent signature requi	red when reinstating)		DATE		
Tax filing r	oration is eligible to requirement and e ria on back)	o satisfy its Intangible lects to do so.			will be \$550.00	Trus	ction Campaign Fina st Fund Contribution.			0 May Be to Fees
11.		OFFICERS AND I	DIRECTORS	12.		ADDITIONS/0	CHANGES TO OFFIC	ERS AND DIE	RECTORS	
TITLE	PD		☐ Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	KEMPNER, MIC	CHAEL		NAME					onungo	
STREET ADDRESS CITY-ST-ZIP	7409 ESTRELL BOCA RATON				ET ADDRESS -ST-ZIP					
TITLE	DST		☐ Delete	TITLE				П	Change	Addition
NAME	KEMPNER, BA	rbara		NAM	1				onungo	
STREET ADDRESS	7409 ESTRELL	A CIRCLE		STRE	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON	FL		CITY	-ST-ZIP					
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CITY-ST-ZIP				CITY	- ST <b>-</b> ZIP					İ

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 DESCRIPTION OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF D