2002 UNIFORM BUSINESS REPORT (UBR)

0007044 AT

DOCUMENT # A07087

1. Entity Name

REGIONAL ENTERPRISES, LTD.

FILED

02 FEB 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1230 AIRPORT ROAD DESTIN FL 32541	P.O. BOX 908 DESTIN FL 32540-0908

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 58-1353299 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AVERILL, JERRI 1230 AIRPORT RD. DESTIN FL 32541	Name: JOSEPH CARTER Street Address (P.O. Box Number is Not Acceptable): 1049 SUNSET DR City: LAKE WALES FL Zip Code: 33853

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] Joseph J Carter Jr G.P. 02-20-02

Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$46,395.00	10. Amount of Capital Contributions in FLORIDA to date.	46,395.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARTER, JOSEPH J JR. 1049 SUNSET DRIVE LAKE WALES FL 33853-4226	STREET ADDRESS CITY-ST-ZIP	400005033304--2 -03/04/02--01006--028 ****417.75 ****417.75
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CR2E003 (9/01)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 02-20-02 863 6767338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #