

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90002 030 \*\*\*\*61.25

**DOCUMENT # F00000006222**

1. Entity Name

**REGENCY VEHICLE CORP.**

Principal Place of Business

Mailing Address

P.O. BOX 377  
 STUART FL 34995

P.O. BOX 377  
 STUART FL 34995

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

**11-3441017**

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

**WAGNER, CLIFFORD J**  
~~10 S.E. CENTRAL PKWY, STE 450~~  
~~STUART FL 34994~~

Name

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

**1829 B SE AIRPORT RD.**

City

**STUART**

**FL**

Zip Code

**34996**

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

**1/21/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**WAGNER, CLIFFORD J**  
~~10 S.E. CENTRAL PKWY STE 450~~  
~~STUART FL~~

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ADDRESS CHANGE OR**  
**P.O. BOX 377**  
**STUART FL 34995**  
**1829 B SE AIRPORT RD.**  
**STUART, FL 34996**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, until all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/21/02** (561)  
**463-4711**

CR2E037 (9/01)