## FOR PROFIT CORPORATION

## May 29, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) J31139 DOCUMENT # 1. Entity Name 05-29-2002 93598 017 \*\*\*150.00 REGAL ENTERPRISES OF NAPL DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1810 JEC Blud 1810 IFC Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit City & State 4. FEI Number Applied For FLorida <u>Naples, Florida</u> 59-2767603 Not Applicable \$8.75 Additional Certificate of Status Desired USA USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00. After May 1, Fee is \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. President TITLE Terru hamberg (12/01 NAME 3197 154th Lane SW NAME : STREET ADDRESS STREET ADDRESS CR2E034B naples, FL 34116 CITY-ST-ZIP CITY-ST-ZIP Vince Dimaggio Vice President 5940 18# Avena TITLE 📑 NAME NAME \*\* STREET ADDRESS STREET ADDRESS Naples, FL 34119 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TIŤLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME ' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**