

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90029 014 ***150.00

DOCUMENT # J94351**1. Entity Name**
REGIONAL ELEVATOR, INC.**Principal Place of Business****1036 PINE ISLAND RD.**
CAPE CORAL FL 33909
US**Mailing Address****PO BOX 702**
CAPE CORAL FL 33910-7702**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**65-0012641**

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****SCHIMANSKY, ROBERT**
1508 SE 42ND TERRACE
CAPE CORAL FL 33904

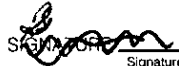
Name

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

City

FL

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIMANSKY, ROBERT G	
STREET ADDRESS	1508 SE 42ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHIMANSKY, ROBERT W	
STREET ADDRESS	1320 NW 5TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHIMANSKY, STEVE E	
STREET ADDRESS	2028 SW 28TH TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

02-15-02 941-458-1859

CR2E034 (9/01)