

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90167 038 \*\*\*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**

**60010954**



2. Principal Place of Business

3. Mailing Address

**P.O. BOX 100702**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**CAPE CORAL FL**

4. FEI Number

**65-0012641**

Applied For

Not Applicable

Zip

Country

Zip

**33910**

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SCHIMANSKY, ROBERT G	1508 SE 42ND TERRACE	CAPE CORAL FL				
V	SCHIMANSKY, ROBERT W	1320 NW 5TH AVE	CAPE CORAL FL				
V	SCHIMANSKY, STEVE E	2028 SW 28TH TERR	CAPE CORAL FL				

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

SIGNATURE:

**Robert G. Schimansky**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-03 234-458-1859**

Date

Daytime Phone #

CR2E034 (10/02)