2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 31, 2000 8:00 am Secretary of State DOCUMENT # L06451 REGAL LAND INVESTMENTS, INC. 01-31-2000 90088 002 ***150.00 Principal Place of Business Mailing Address % FRANK W. PAYTON % FRANK W. PAYTON 1326 S. RIDGEWOOD AVE. STE 15 1326 S. RIDGEWOOD AVE. STE 15 705649 DAYTONA BEACH FL 32114-6190 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2963970 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAYTON, FRANK W. Street Address (P.O. Box Number is Not Acceptable) 1326 S. RIDGEWOOD AVE SUITE 15 DAYTONA BEACH FL 32114 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DΡ Change ☐ Addition ☐ Delete TITLE TITLE PAYTON, FRANK W. NAME NAME STREET ADDRESS 1326 S. RIDGEWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Change ☐ Addition TITLE □ Detete TITLE NAME PAYTON, THOMAS F. NAME STREET ADDRESS 1326 S. RIDGEWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DAYTONA BEACH FL ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 the expowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ Delete

CR2F034 (9/99)

☐ Change

☐ Addition