

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26924

1. Entity Name

REGAL TRUCKS - EQUIPMENT & SUPPLY CO., INC.

FILED

00 FEB 28 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

%ELEANOR JOYCE SIMMONS  
2731 MADISON ST  
HOLLYWOOD FL 33020  
US

%ELEANOR JOYCE SIMMONS  
2731 MADISON ST  
HOLLYWOOD FL 33020-7222

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

65-0193205

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

SIMMONS, ELEANOR JOYCE  
2731 MADISON ST  
HOLLYWOOD FL 33020-5783

Name

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

City

FL

Zip Code  
33020.

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

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	SIMMONS, E J	
STREET ADDRESS	2731 MADISON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	<del>S</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SIMMONS, MARVA ANN</del>	
STREET ADDRESS	<del>2731 MADISON ST</del>	
CITY-ST-ZIP	<del>HOLLYWOOD FL 33020</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

02-01-00

Date

929-9332

Telephone Number

CR10034 (9/99)