

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30614

1. Entity Name

REGENCY REMODELING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90005 015 ***150.00

Principal Place of Business

2850 UNIVERSITY DR
CORAL SPRINGS FL 33065
US

Mailing Address

2850 UNIVERSITY DR
CORL SPRINGS FL 33065-1425
US

2. Principal Place of Business

9870 W. Sample Rd
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

4. FEI Number

65-0164168

Applied For

Not Applicable

Zip

33065

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARLOWE, CLAUDE G.
11525 NW 33RD ST.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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

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

TITLE P
NAME MARLOWE, PATRICIA
STREET ADDRESS 11525 NW 33RD ST. "A"
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE V
NAME HURST, MARGARET M.
STREET ADDRESS 11525 NW 33RD ST. "B"
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE ST
NAME PERRY, MARTHA M
STREET ADDRESS 11525 NW 33RD ST. "B"
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE C
NAME MARLOWE, CLAUDE G.
STREET ADDRESS 11525 NW 33 ST #A
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Martina Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

954-755-8316

Daytime Phone #

CR2E034 (9/99)