

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90026 026 ***150.00

DOCUMENT # L93640

1. Entity Name

REGAL TRAVEL SERVICES, INC.

Principal Place of Business

% 195 WEKIVA SPRINGS ROAD
 SUITE 320
 LONGWOOD FL 32779
 US

Mailing Address

% 195 WEKIVA SPRINGS ROAD
 SUITE 320
 LONGWOOD FL 32779
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3028802**

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

MEIDL, PATRICIA
SUITE 320
195 WEKIVA SPRINGS RD
LONGWOOD FL 32279

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, 2001 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 **PSD** ☐ Delete
 NAME **MEIDL, PATRICIA**
 STREET ADDRESS **507 SUGAR RIDGE CT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **Meidl, Patricia**
 STREET ADDRESS **674 Jamestown Blvd. #2330**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **VTD** ☐ Delete
 NAME **MEIDL, CLAUDE**
 STREET ADDRESS **507 SUGAR RIDGE CT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VTD** ☒ Change ☐ Addition
 NAME **Meidl, Claude**
 STREET ADDRESS **341 Greenwood Dr.**
 CITY-ST-ZIP **Wisconsin Rapids, WI 54494**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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 #

Patricia Meidl

Patricia Meidl

4/25/01

407-862-7668

CR2E034 (10/00)