

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000001482

1. Entity Name

REGAL IRONMASTERS INC

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91119 050 ***150.00

Principal Place of Business

Mailing Address

249 WARFIELD AVE
VENICE
FL 34292

00030401

2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VENICE FLORIDA

City & State

VENICE FLORIDA

4. FEI Number

63-0979911

Applied For

Not Applicable

Zip

34292

Country

U.S.A

Zip

34292

Country

U.S.A

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAUREEN COOKE
501 BRIARWOOD RD
VENICE
FLORIDA 34293

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

M. Cooke

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.**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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	SUSAN MOON	
STREET ADDRESS	1486 NATRONA DRIVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	PAUL MOON	
STREET ADDRESS	1486 NATRONA DRIVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ALBERT COOKE	
STREET ADDRESS	501 BRIARWOOD RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MAUREEN COOKE	
STREET ADDRESS	501 BRIARWOOD RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

M. Cooke

MAUREEN COOKE

941.412.0338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)