

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048776

1. Entity Name
REGENCY DESIGN CENTER, INC.

Principal Place of Business
6732 REMINGTON PLACE
LAKE WORTH FL 33463

Mailing Address
6732 REMINGTON PLACE
LAKE WORTH FL 33463

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 65-0540510

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAROSIERE, KAREN
6964 HOULTON CIRCLE
LAKE WORTH FL 33467

Name
Gregory E. Edwards ESQ
Street Address (P.O. Box Number is Not Acceptable)
9150 N. Federal

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~BVPS~~ ☐ Delete
NAME LAROSIERE, KAREN
STREET ADDRESS 6964 HOULTON CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition
NAME 500022661175
STREET ADDRESS 08/29/03--01013--015
CITY-ST-ZIP **150.00

TITLE ~~P VPS~~ ☐ Delete
NAME TOMMASINO, JOYCE
STREET ADDRESS 6732 REMINGTON DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition
NAME 500022661175
STREET ADDRESS 08/29/03--01013--016
CITY-ST-ZIP **400.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required President

Date 6/20/03 Daytime Phone # 561-641-2631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

APPROVED
AND
FILED

03 AUG 15 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AV