

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90158 049 \*\*\*150.00

DOCUMENT # *P00000061150*

1. Entity Name

*900 REGENCY SQUARE CORA*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*50 N. LAURA ST*

3. Mailing Address

*P.O. Box 551018*

Suite, Apt. #, etc.

*SUITE 2750*

Suite, Apt. #, etc.

City & State

*JACKSONVILLE, FL*

City & State

*JACKSONVILLE, FL*

Zip

*32202*

Country

*USA*

Zip

Country

*USA*

4. FEI Number

*59-3653730*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*MOTOLAW, INC.*

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

*50 N. LAURA ST*

*SUITE 2750*

City

*JACKSONVILLE*

*FL*

Zip Code

*32202*

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President David E GONZALES 8016 Acorn Ridge Rd Jacksonville, FL 32256</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Mary F. Gonzales 8016 Acorn Ridge Rd. Jacksonville, FL 32256</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Mary F. Gonzales 8016 Acorn Ridge Rd Jacksonville, FL 32256</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer David E Gonzales 8016 Acorn Ridge Rd Jacksonville, FL 32256</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary F. Gonzales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/24/02*

*904 296 8623*

CR2E034B (12/01)