

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067889

1. Entity Name  
REGCAR, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90231 034 \*\*\*550.00

Principal Place of Business Mailing Address  
142 W. 10TH ST. 450 SR 13 N. 142 W. 10TH ST. 450 SR 13 N.  
JACKSONVILLE FL 32206 #103 JACKSONVILLE FL 32206 JACKSONVILLE, FL  
Jacksonville FL 32259 32259

000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450 SR 13 N., Suite 103  
City & State Jacksonville, FL  
Zip 32259 Country USA

3. Mailing Address 450 SR 13 N.  
Suite 103  
City & State Jacksonville, FL  
Zip 32259 Country USA

4. FEI Number 59-3658419  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
HOWARD A. CAPLAN, ATTORNEY, P.A.  
3900 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

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. (NOT Registered Agent's 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**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	D	<input type="checkbox"/> Delete
NAME	STEPHENS, REGINALD	
STREET ADDRESS	142 W. 10TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLACK, CARL JR.	
STREET ADDRESS	142 W. 10TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, REGINALD	
STREET ADDRESS	142 W. 10TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, CARL JR.	
STREET ADDRESS	142 W. 10TH ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
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 y signature shall have the same legal effect as if made under oath; that I am an officer or director is 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: Reginald Stephens 5/1/01 (904) 287-4247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)