

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90035 010 ***150.00

DOCUMENT # P01000089840**1. Entity Name**
REGENCY SQUARE EMPORIUM, INC.**Principal Place of Business**
4345 SOUTHPOINT BLVD...STE. 100.
JACKSONVILLE FL 32216**Mailing Address**
4345 SOUTHPOINT BLVD...STE. 100
JACKSONVILLE FL 32216**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

59-3747225

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****GUNN, MARSHALL D JR.**
4345 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

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, 2002 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** P/S ☐ Delete
NAME MARSHALL D. GUNN, JR.
STREET ADDRESS 4345 Southpoint Blvd STE 100
CITY-ST-ZIP JACKSONVILLE, FL 32216**TITLE** ☐ Delete
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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

MARSHALL D. GUNN, JR.

Date

Daytime Phone #

CR2E034 (9/01)