

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90186 045 ***150.00

DOCUMENT # P02000013680

1. Entity Name
DELRAY REGENCY, INC.



Principal Place of Business
470 HIGHPOINT DR., #C
DELRAY BEACH FL 33445-3341

Mailing Address
470 HIGHPOINT DR., #C
DELRAY BEACH FL 33445-3341



2. Principal Place of Business

1000 N. Federal
Suite, Apt. #, etc. Highway

3. Mailing Address

470 Highpoint Dr
Suite, Apt. #, etc. apt. C

☐ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach FL

City & State
Delray Beach FL

4. FEI Number
30-0049841

Applied For
Not Applicable

Zip
33483-5926

Country

Zip
33445-3341

Country
PAIMBENCH

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

6. Name and Address of Current Registered Agent

BRINSON, MARY L
470 HIGHPOINT DR., #C
DELRAY BEACH FL 33445-3341

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

SIGNATURE _____ **Signature, typed or printed name of registered agent and title if applicable.** **(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, MARY L 470 HIGHPOINT DR., #C DELRAY BEACH FL 33445-3341	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Mary L. Brinson** **4-22-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **64-22-03-2577**

CR2E034 (10/02)