

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90137 008 ***150.00

DOCUMENT # P02000033464

1. Entity Name
REGENCY MANAGEMENT SERVICES, INC.



Principal Place of Business
**243 W. PARK AVE., SUITE 201
WINTER PARK FL 32789**

Mailing Address
**243 W. PARK AVE., SUITE 201
WINTER PARK FL 32789**



2. Principal Place of Business
**P.O. Box 297
LOUGHMAN**

3. Mailing Address
**P.O. Box 297
LOUGHMAN**

☐ CHECK HERE IF MAKING CHANGES

City & State
FLORIDA

City & State
FLORIDA

4. FEI Number
41-2034512

Applied For
☐ Not Applicable

Zip
33858-0297

Country
USA

Zip
33858-0297

Country
U.S.A.

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

**LARSEN, ERIK C
243 W. PARK AVE., SUITE 201
WINTER PARK FL 32789**

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOUTTELL, ROY
POND COTTAGE DRUNGWICK LANE
LOXWOOD, WEST SUSSEX UK RH14** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT (P)
BOUTTELL, ROY
P.O. Box 297, LOUGHMAN
FLORIDA 33858-0297** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOUTTELL, DANIEL
POND COTTAGE DRUNGWICK LANE
LOXWOOD, WEST SUSSEX UK RH14** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER & VICE PRESIDENT (VD)
BOUTTELL, DANIEL
P.O. Box 297, LOUGHMAN
FLORIDA 33858-0297** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/03

Date

(863) 420 3166

Daytime Phone #

CR2E034 (10/02)