

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000088952

1. Entity Name
REGENCY SERVICES, INC.



FILED
06 DEC 26 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1910 42ND STREET W
BRADENTON, FL 34205

Mailing Address
1910 42ND STREET W
BRADENTON, FL 34205

2. Principal Place of Business

5411 Kingswood Dr.
Suite, Apt. #, etc.

3. Mailing Address

5411 Kingswood Dr.
Suite, Apt. #, etc.



REINSTATEMENT

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

20-0177741

Applied For

Not Applicable

Zip

33810

Country

USA

Zip

33810

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, DONALD H JR.
5603 26TH STREET W
BRADENTON, FL 34207

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 January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MISSELDINE, PETER
STREET ADDRESS 4010 42ND STREET W
CITY-ST-ZIP BRADENTON, FL 34205

TITLE VPD ☐ Delete
NAME GILCHRIST, LEE-ANNE JANE
STREET ADDRESS 25 WILERS CREEK WAY
CITY-ST-ZIP HILTON HEAD ISLAND, SC

TITLE D ☐ Delete
NAME GILCHRIST, GARY M
STREET ADDRESS 25 WILERS CREEK WAY
CITY-ST-ZIP HILTON HEAD ISLAND, SC 29926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5411 Kingswood Dr.
CITY-ST-ZIP Orlando, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900082777429
CITY-ST-ZIP 12/26/06--01046--024 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel DEC 27 2006

12/10/06 407-445-5055