2002 UNIFORM BUSINESS REPORT (UBR)

P03644 **DOCUMENT #**

1. Entity Name

REGENCY WINDSOR CAPITAL, INC.

Princ	ipal	Place	e of	Busir	ress	
1005	EI A	AAEN/IN	JE 1	AME	41.0	

Mailing Address

1025 FLAMEVINE LANE #1-5

1025 FLAMEVINE LANE #1-5

FILED May 14, 2002 8:00 am § Secretary of State 05-14-2002 90071 025 ***150.00

VERO BOM. 1	FL 32963		VERO BCH. FL 32963								
2. Principal Place of Business		3. Mailing Address			I INDIVENI NI KAKAO MIKO DIKI DIRIK D	TET BIRTI DI	121 0 1011 018	HI DIDIH BYOK 1001			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State			City & State		4.	4. FEI Number 37-1140508 App					
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additions					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
		<u></u>	gone Agent		Name	- ,, ,	valle and Address of New Reg	stered A	gent		
LAMBERT, ROY H. 1025 FLAMEVINE LANE											
					Street Address (P.O. Box Number is Not Acceptable)						
SUITES 1		-			-						
	ACH FL 329	63									
VEHIO DE	NOTITE UZS	•			City			FL	Zip Co	ode	
8. The above	named entity	submits this statement for the	ne purpose of changing its	s register	ed office or regis	tered an	ent, or both, in the State of Florid			<u> </u>	
			- FF			norou ug		a.			
SIGNATURE											
oran in thorne		or printed name of registered agent and	title if applicable. (NOT	TE: Registere	d Agent signature requ	ired when re	einstating)	DATE			
9. This corpo	oration is eliqi	hle to satisfy its Intangible	FILE NOW	!!! EEE	IS \$∜50.00						
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 St		3	10. Election Campaign Finance	~ —	40100 May be			
					partment of S	tate	Trust Fund Contribution. Added to Fe				
11.		OFFICERS AND DI	RECTORS	12.		AD	I DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTO	RS IN 11	
TITLE	PD	-	☐ Delete	TITLE					☐ Change		
NAME	PURDIE, JOHN A 85 8500 KEYSTONE CROSSING, STE 530			NAM	E .						
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP	<u> </u>	OLIS IN 46240		CITY	-ST-ZIP						
TITLE	CD	56444	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	LAMBERT, ROY H 1025 FLAMEVINE LANE		, NA		· I						
STREET ADDRESS CITY-ST-ZIP		CH FL 32963			ET ADDRESS						
		CH FL 32903		CHY-	-ST-ZIP						
TITLE NAME	VD Brown, R	ONALD E	☐ Delete	TITLE	I			i	Change	Addition	
STREET ADDRESS		EVINE LANE		NAME	ET ADDRESS						
CITY-ST-ZIP		CH FL 32963			ST-ZIP						
TITLE	TD		☐ Delete	TITLE			W- PH				
	LOHUIS, N	EAL R.	L_1 Delete	NAME				l	Change	☐ Addition	
STREET ADDRESS		EVINE LANE			T ADDRESS						
CITY-ST-ZIP	VERO BEAG	CH FL		CITY-	ST-ZIP						
TITLE	VD		☐ Delete	TITLE					Change	Addition	
NAME	Lambert, I			NAME						LJ / IOU II OI	
L.		EVINE LANE		STREE	T ADDRESS					{	
CITY-ST-ZIP	VERO BEAC	CH FL		CITY-	ST-ZIP					}	
TITLE	VD	DOV II ID	☐ Delete	TITLE					Change	Addition	
	LAMBERT, I			NAME	l I						
	VERO BCH.	EVINE LANE			T ADDRESS						
					ST-ZIP						
indicated	erury that the	miormation supplied with this	s filing does not qualify for	the exen	option stated in S	Section 1	19.07(3)(i), Florida Statutes. I furti	her certify	that the	information	

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: MUNCH