

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90004 014 ***150.00

DOCUMENT # P94000017465

1. Entity Name
REGAL CONSULTING SERVICES, INC.

Principal Place of Business 10200 DELAWARE COURT BOCA RATON FL 33434	Mailing Address 10200 DELAWARE COURT BOCA RATON FL 33434-2624
--	---

00043337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3422 SW BESSEY TRAIL Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State PALM CITY FL	City & State	4. FEI Number 65-0481654	Applied For ☐ Not Applicable
Zip 34990	Country PALESTINE	Zip	Country

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

6. Name and Address of Current Registered Agent BOLING, BOB SR 10200 DELAWARE COURT BOCA RATON FL 33434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3422 SW BESSEY TRAIL City PALM CITY FL FL Zip Code 34990
---	--

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D BOLING, BOB SR. 10200 DELAWARE COURT 3422 SW BESSEY TRAIL BOCA RATON FL 33434 PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Bob Boling* **2-15-00** (561) **221-1219**

CR2E034 (9/99)