2002 UNIFORM BUSINESS REPORT (UBR)

P94000065034 DOCUMENT # **Secretary of State** 1. Entity Name 02-08-2002 90019 007 ***150.00 REGENCY FINANCIAL & MORTGAGE SERVICES, INC. Principal Place of Business Mailing Address 4845 SW 148TH AVE SUITE 202 4845 SW 148TH AVE SUITE 202 DAVIE FL 33330 DAVIE FL 33330 3. Mailing Address 👵 👵 2. Principal Place of Business Butto British Barrie Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-05 16650 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRBY, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 4845 SW 148TH AVE SUITE 202 DAVIE FL 33330 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. `* 12. ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE **OUELLETTE, NANCY J** NAME NAME 4845 SW 148TH AVE SUITE 202 STREET ADDRESS STREET ADDRESS DAVIE FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURI

changed, or on an attach

SIGNATURE AND TYPES OR PRINTED THAT AND TYPES OR DIRECTOR

1/23/200 8 954-434-5500

Feb 08, 2002 8:00 am