

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071073

1. Entity Name

REGENCY CARRIAGE AND AUTO VALET LIMITED CORPORAT

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90118 019 \*\*\*150.00

Principal Place of Business

4203 CADDIE DR. E.  
#203  
BRADENTON FL 34203  
US

Mailing Address

4203 CADDIE DR. E.  
#203  
BRADENTON FL 34203  
US

606031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6731 66TH AVE E.

3. Mailing Address

6731 66TH AVE E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLORIDA

4. FEI Number 52-1903261

Applied For

Not Applicable

Zip

34203

Country

U.S.A.

Zip

34203

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, BRIAN S  
4203 CADDIE DR. EAST #203  
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name BRIAN S. BAILEY

Street Address (P.O. Box Number is Not Acceptable)

6731 66TH AVE E.

City BRADENTON

FL

Zip Code

34203

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.

(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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BAILEY, BRIAN S	
STREET ADDRESS	4203 CADDIE DRIVE EAST #203	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MAUREEN A	
STREET ADDRESS	4203 CADDIE DRIVE EAST #203	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, BRIAN S.	
STREET ADDRESS	6731 66TH AVE E.	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, MAUREEN A.	
STREET ADDRESS	6731 66TH AVE E.	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRIAN S. BAILEY

1-11-01 (941) 727 8402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)