

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026483

1. Entity Name

REGAL CLOSET INTERIORS, INC.

Principal Place of Business

Mailing Address

209 E PALMETTO PARK RD
BOCA RATON FL 33432
US

209 E. PALMETTO PARK RD
BOCA RATON FL 33432-5013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0658177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS, INC.

5100 TOWN CENTER CIR., STE. 330
BOCA RATON FL 33486

Name: PATRICIA CARR

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

209 E. PALMETTO PARK ROAD

City: BOCA RATON

FL

Zip Code

33432

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

Patricia J. Carr
Signature, typed or printed name of registered agent and title if applicable

Patricia J. Carr
(NOTE: Registered Agent signature required when reinstating)

5/30/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARR, PATRICIA
STREET ADDRESS 209 E PALMETTO PARK RD
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE D
NAME THUN, LEONARD
STREET ADDRESS 4791 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE SD
NAME HICKS, PAUL
STREET ADDRESS 8600 N.W. S RIVER DR., STE. 159
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE TD
NAME SWEENEY, ROBERT
STREET ADDRESS 8600 N.W. S RIVER DR., STE. 159
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Patricia J. Carr Patricia J. Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00
Date

(561) 338-3260
Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-15-2000 90184 023 ***150.00



DO NOT WRITE IN THIS SPACE