

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90235 014 ***150.00

DOCUMENT # P96000026483

1. Entity Name
REGAL CLOSET INTERIORS, INC.



Principal Place of Business
**209 E PALMETTO PARK RD
BOCA RATON FL 33432
US**

Mailing Address
**209 E PALMETTO PARK RD
BOCA RATON FL 33432
US**

80039234



☐ CHECK HERE IF MAKING CHANGES

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

**CARR, PATRICIA
209 E PALMETTO PARK ROAD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD**
NAME **HICKS, PAUL** ☐ Delete
STREET ADDRESS **8800 N.W. S RIVER DR., STE. 159**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD**
NAME **SWEENEY, ROBERT** ☐ Delete
STREET ADDRESS **8800 N.W. S RIVER DR., STE. 159**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Carr
Patricia Carr, President

1/28/03

Daytime Phone #

(561) 338-3250

CR2E034 (10/02)