2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035220

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

9. This corporation is eligible to satisfy its Intangible

SIGNATURE

REGENCY CAPITAL INCORPORATED

Principal Place of Business Mailing Address BAYWOOD PARK DRIVE POST OFFICE BOX 3444 SEMINOLE FL 33775-3444 -<u>-</u>-- FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name JOVAN, CANDICE Street Address (P.O. Box Number is Not Acceptable) 9012 BAYWOOD PARK DRIVE SEMINOLE FL 33777 City

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

FILE NOW!!! FEE IS \$150.00

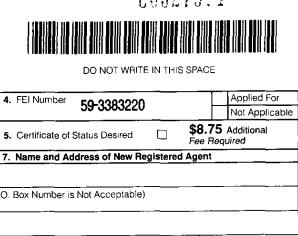
FILED Mar 01, 2000 8:00 am **Secretary of State**

03-01-2000 90002 027 ***150.00

13927971

Zip Code

\$5.00 May Be



10. Election Campaign Financing

Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE JOVAN, CANDICE NAME NAME 9012 BAYWOOD PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL *多*アフフフ ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

(NOTE, Registered Agent signature required when reinstating)

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 expowered.

CITY-ST-ZIP

CITY-ST-ZIP

Date

Daytime Phone #