## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P96000035677** REGENCY ELECTRIC COMPANY PROJECTS GROUP, INC. 04-23-2000 90047 043 \*\*\*158.75 Principal Place of Business Mailing Address 6601 SOUTHPOINT DR N SUITE 300 SOUTHPOINT OR N SUITE 300 JACKSONVILLE FL 32216-0935 - Stimuli F FL 32216 838108 3. Mailing Address 4348 SOUTHPOINT BLUD 2. Principal Place of Business DOWNHPOINT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **\*400** Applied For City & State City & State 4. FEI Number 59-3372744 KSONVILLE Not Applicable Country \$8.75 Additional SA 5. Certificate of Status Desired Ŋ 32216 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNA, NANCY L Address (P.Q. Box Number is Not Acceptable) #40V 6601 SOUTHPOINT DR N SUITE 300 JACKSONVILLE FL 32216 JACKSONVILLE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. n Change ☐ Addition ☐ Delete TITLE TITLE Green, Alan J NAME 4348 SOUTHPOINT BLVD #400 STREET ADDRESS 6601 SOUTHPOINT DR N SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 TITLE ☐ Delete Change ☐ Addition NAME CROCHET, DARRELL 4348 SOUTHPOINT BUD #400 STREET ADDRESS 6601 SOUTHPOINT DRIVE N #300 STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL CITY-ST-ZIP TS TITLE ☐ Delete TITLE HANNA, NANCY L NAME SOUTHPOINT BLUD #400 NAME 6601 SOUTHPOINT DR N #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 1955 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR