Applied For

Not Applicable

## 2001 UNIFORM BUSINESS REPORT (

## DOCUMENT # **P96000041652**

1. Entity Name

REGIONAL PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

5511 HANSEL AVE ORLANDO FL 32809 5511 HANSEL AVE ORLANDO FL 32809

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## FILED Jan 26, 2001 8:00 am Secretary of State

01-26-2001 90104 016 \*\*\*150.00

A0011635



DO NOT WRITE IN THIS SPACE

59-3385705

4. FEI Number

Ζip	Country	ZIP	Country	5. (	Certificate of Status Desired		<b>6./5</b> Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
DRAGE, THOMAS B JR 120 S ORANGE AVE ORLANDO FL 32801		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
UKLANDO	J PL 32801		ļ						
			City	<u> </u>		FL	Zip Code	e	
8. The above name	ed entity submits this statement for	the purpose of changing its	registered office or regist	ered ag	ent, or both, in the State of Flori	da.			
CICNATURE									
SIGNATURESignati	ture, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature requi-	red when re	instating)	DATE			
•	n is eligible to satisfy its Intangible rement and elects to do so. back)	After MAY 1, 200	! FEE IS \$150.00 01 Fee will be \$550.00 le to Department of SI		10. Election Campaign Final Trust Fund Contribution.	ncing		<b>0</b> May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ΑD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
STREET ADDRESS 551	O OKER, DOUGLAS P 11 HANSEL AVE LANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	☐ Addition	
TITLE PD HO	OKER, J D 11 HANSEL AVE	☐ Delete	TITLE NAME STREET ADDRESS			[	Change	☐ Addition	
CITY-ST-ZIP ORI	LANDO FL 32809	Delete	CITY-ST-ZIP		<del></del>		Change		
NAME STREET ADDRESS CITY-ST-ZIP	·	L Celete	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			Change	☐ Addition	
13. I hereby certify indicated on the of the corporation	that the information supplied with the information supplemental report is the ion or the receiver or trustee emporemental report is the ion or the receiver or trustee emporemental reports in the receiver or trustee emporemental reports in the information supplies that the information supplies that the information supplies with the inf	his filing does not qualify for true and accurate and that m wered to execute this report a	the exemption stated in S y signature shall have the as required by Chapter 6	Section e same l 07, Flori	119.07(3)(i), Florida Statutes. I fr egal effect as if made under oa da Statutes; and that my name :	urther certify th; that I am appears in E	that the ir an officer Block 11 or	nformation or director Block 12 if	

OF SIGNING OFFICER OR DIRECTOR