

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019584

1. Entity Name

REGENCY CONSULTING CORPORATION

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90097 042 \*\*\*150.00

Principal Place of Business

Mailing Address

W SAMPLE RD

5434 W SAMPLE RD

MARGATE FL 33073

246  
MARGATE FL 33073-3453

2. Principal Place of Business

3. Mailing Address

3601 W. COMMERCIAL BLVD

5434 W. SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #239

City & State  
FT. LAUDERDALE FL

City & State  
MARGATE FL

Zip  
33309

Country  
USA

Zip  
33073-3453

Country  
USA

4. FEI Number

65-0818003

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

DOMBROW, ALLAN B  
5434 W SAMPLE RD  
#246  
MARGATE FL 33073

Name

ALLAN B. DOMBROW

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

3601 W. COMMERCIAL BLVD

City

FT LAUDERDALE

FL

Zip Code

33309

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
DOMBROW, ALLAN B  
5434 W SAMPLE RD #246  
MARGATE FL 33073

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ALLAN B. DOMBROW  
5434 W. SAMPLE RD. PMB#239  
MARGATE FL 33073-3453

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN B. DOMBROW

Date

4/27/00

Daytime Phone #

954-676-3663

CR2E034 (9/99)