

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002014

1. Entity Name

REGAL INDUSTRIES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90274 033 ***150.00

Principal Place of Business

Mailing Address

326 Cypress Rd
OCAUA, FL 34472

2. Principal Place of Business

326 CYPRESS RD

Suite, Apt. #, etc.

3. Mailing Address

326 CYPRESS RD

Suite, Apt. #, etc.

City & State

OCAUA FL

City & State

OCAUA, FL

4. FEI Number

59-3381362

Applied For

Not Applicable

Zip

34472

Country

FL

Zip

34472

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERIC ESSICK

326 CYPRESS RD

OCAUA, FL 34472

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.

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

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | TREASURER | <input type="checkbox"/> Delete |
| NAME | ERIC ESSICK | |
| STREET ADDRESS | 326 CYPRESS RD | |
| CITY-ST-ZIP | OCAUA FL 34472 | |
| TITLE | BOARD DIRECTORS | <input type="checkbox"/> Delete |
| NAME | ERIC ESSICK | |
| STREET ADDRESS | 326 CYPRESS RD | |
| CITY-ST-ZIP | OCAUA FL 34472 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Eric Essick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

352-680-1801

Daytime Phone #

CR2E034 (9/99)