2001 UNIFORM BUSINESS REPORT (UBR)								FIL	ED				
DOCUI 1. Entity Nam REGAL AI		Apr 27, 2001 08:00 A Secretary of State							<i>i</i> .				
Principal Place 900 NORTH 14 SECOND FLOO LEESBURG 34748	TH STREET	FL	Mailing Address 900 NORTH 14TH STREET SECOND FLOOR LEESBURG 34748		FL								
2. Principal P	face of Business WAY 441/27		3. Mailing Address 3261 US HIGHWAY 441/27									-	
Suite, Apt.			Suite, Apt. #, etc.						WRITE IN	THIS SPA	CE		<u>-</u>
City & State FRUITLAND P. Zip	ARK	FL	City & State FRUITLAND PARK Zip	Cour	FL ntrv		59-35604	401		<b>*</b> 0		plied For t Applicable 	-
34731		,	34731		,	5	. Certificate	of Status Desi	red [		Required		
	6. Name and	Address of Current Re	egistered Agent	-	Management	7	. Name and	Address of N	ew Regist	ered Age	nt		
MORRISON JOSEPH A					Name TOADVI	INE J	EFF						
3500 SOUTH FLORIDA AVENUE SUITE 3						ddress (P.O HIGHWAY		r is Not Accep	table)				-
LAKELAND FL 33803 US					City	F2 LAND PARK			FL Zip Code			-	
8. The above	named entity subr	mits_this statement for t	he purpose of changing its	register				h. in the State	of Florida.	<del></del> -	34731		-
SIGNATURE .	RA	ed name of registered agent and			-	_	· 		- 04	1/27/20	001	<u></u>	
			Transfer and the second	<del></del>	ed Agent signatu		n reinstating)			DATE		·- <u> </u>	_
Tax filing r	oration is eligible to requirement and ele ria on back)	satisfy its Intangible ects to do so.	FILE NOW!!  After MAY 1, 200  Make Check Payab	)1 Fee	will be \$5	50.00		ction Campaig st Fund Contril		ā	<b>\$5.0</b> ( Added	May Be to Fees	
11.		OFFICERS AND D	RECTORS	12.			ADDITIONS/	CHANGES TO	OFFICER	AND DIF	RECTORS	SIN 11	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOADVINE 1311 SOUTHGI LAKELAND	JEFFREY L JEN LANE	☐ Delete				NE JEI HIGHWAY 44 AND PARK	FFREY L 11/27		<b>X</b> FL 347	Change	☐ Addition	034 (11/00)
TITLE			☐ Delete .	TITL		FROITE	LIDIAICE			<del></del>			111
NAME STREET ADDRESS CITY-ST-ZIP			Li Delete j	NAM STRE	-					اسا	Change	☐ Addition	CR26
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ie Eet address '-st-zip						Change	Addition	
of the cor	poration or the rec	eiver or trustee empow	nis filing does not qualify for the and accurate and that mered to execute this report a thall other like empowered.	เบรเกทล	itiire shail ha	ava ina cam	ta langi attar	t se it mada ur	adar aathii t	hat I am r	n officer	or director	
SIGNAT		naging Director	NTED NAME OF SIGNING OFFICER (	OR DIRECT	TOR		OF	04/27/2001 Date	· , ,	Daytım	e Phone #		-