

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90103 002 ***150.00

DOCUMENT # P99000108000

1. Entity Name
REGINA MARIE INCORPORATED



Principal Place of Business
**5140 NESTING WAY
UNIT C
DELRAY BEACH FL 33484**

Mailing Address
**5140 NESTING WAY
UNIT C
DELRAY BEACH FL 33484**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0971605**

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

**ROSSI, ROBERT R
1322 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33436**

Name **Robert R Rossi**

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

5140 C NESTING WAY

City **DELRAY BEACH FL 33484**

Zip Code **33484**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD**
NAME **ROSSI, ROBERT R**
STREET ADDRESS **5140 NESTING WAY C**
CITY-ST-ZIP **DELRAY BEACH FL 33484**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **VSD**
NAME **ROSSI, NORMA E**
STREET ADDRESS **5140 NESTING WAY C**
CITY-ST-ZIP **DELRAY BEACH FL 33484**
☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert R Rossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

561-637-5749

Daytime Phone #

CR2E034 (10/02)