

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90039 033 ***150.00

DOCUMENT # S80998

1. Entity Name

REGIME REALTY, INC.

Principal Place of Business

**8040 OLD CR 54
NEW PORT RICHEY FL 34653
US**

Mailing Address

**8040 OLD CR 54
NEW PORT RICHEY FL 34653
US**

2. Principal Place of Business

5901 US 19

3. Mailing Address

5901 US 19

Suite, Apt. #, etc.

SUITE 12

Suite, Apt. #, etc.

SUITE 12

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

USA

Zip

34652

Country

USA

4. FEI Number

59-3083440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALIA, ALICE JOAN
8040 OLD CR 54
NEW PT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name
ALICE JOAN CALIA

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

5901 US 19

SUITE 12

City

NEW PORT RICHEY

FL

Zip Code

34652

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 **ALICE JOAN CALIA**

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

Alice Joan Calia

(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, 2001 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 **PD** ☐ Delete
NAME **CALIA, ALICE JOAN**
STREET ADDRESS **13415 ROME DR.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **STD** ☐ Delete
NAME **CALIA, ALICE JOAN**
STREET ADDRESS **13415 ROME DR.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Alice Joan Calia* **ALICE JOAN CALIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

727-376-5588

Daytime Phone #

CR2E034 (10/00)