

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90099 010 \*\*\*150.00

DOCUMENT # V 41668

1. Entity Name

H.G. Regency, Inc.

**DO NOT WRITE IN THIS SPACE**

**644191**

2. Principal Place of Business

9501 Arlington Expressway

3. Mailing Address

150 Landsdowne Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Regency Square # 170

City & State

City & State

Jacksonville, FL

Atlanta, GA

Zip

Country

Zip

Country

32225

US

30328

US

4. FEI Number

59-3136638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hamparsoomian, Johnny

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

2178 Rothbury Drive

City

Jacksonville

**FL**

Zip Code

32221

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>Kabbenjian, Ohaness S.</u> <u>150 Landsdowne Drive</u> <u>Atlanta, GA 30328</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> <u>Kabbenjian, Kristin</u> <u>150 Landsdowne Drive</u> <u>Atlanta, GA 30328</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristin Kabbenjian, Secretary 4/17/02 404-843-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)