2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093308

1. Entity Name

REMODELERS FINANCE, INC.

FILED

02 JUL 16 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6051 ESTERO BLVD FORT MYERS BEACH FL 33931	6051 ESTERO BLVD FORT MYERS BEACH FL 33931

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 59-3546285 ☐ 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
NEEL, DENISE 6051 ESTERO BLVD FORT MYERS BEACH FL 33931	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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEEL, DENISE 6051 ESTERO BLVD FORT MYERS BEACH FL 33931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100006472051--8 -07/17/02--01063--023 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Neel P DENISE NEEL 239 454-5334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Defendant

P98000093308

Lance Y. Kim, D.O., P.A.
Specializing in Neurology, Neuromuscular Diseases, & Sleep Disorders

Diplomate, American Board of Psychiatry & Neurology
Diplomate, American Board of Clinical Neurophysiology
Diplomate, American Board of Electrodiagnostic Medicine
Diplomate, American Board of Independent Medical Examiners
Fellow of the Royal Society of Medicine

July 8, 2002

Re: Guenther, Dennis
DOB: 08/0164

To whom it may concern:

On 05/14/02, the above named patient was evaluated in our office after having been involved in a motor vehicle accident on 01/21/02. He was found to have brachial plexopathy and he is undergoing physical therapy at this time. Therefore, he is not functioning at full capacity.

Sincerely,

Janine Stokes, RN

Janine Stokes, R.N. for:
Lance Y. Kim, D.O., P.A.

JS/sdp

1503 SW First Avenue • Ocala, Florida 34471 Tel (352) 867 9877 • Fax (352) 867 1040 www.fnc.neurohub.net