

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96305

1. Entity Name

ENTOCON, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90047 015 ***150.00

Principal Place of Business Mailing Address
110 NE LAKEFRONT CT. 110 NE LAKEFRONT CT.
LAKE PLACID FL 33852 LAKE PLACID FL 33852-5872
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0009556

Applied For
Not Applicable

Zip

Country

Zip

Country

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

REMICK, DEAN
213 RIDGEWOOD AVE
CLEWISTON FL 33440

Name Dean Remick

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

110 Lakefront Ct NE

City Lake Placid

FL

Zip Code 33852

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 *M. Dean Remick* M. Dean Remick President

3-31-00

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, 2000 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 PD
NAME REMICK, DEAN
STREET ADDRESS 213 RIDGEWOOD AVE
CITY-ST-ZIP CLEWISTON FL ☐ Delete

TITLE PD
NAME Dean Remick
STREET ADDRESS 110 Lakefront Ct NE
CITY-ST-ZIP Lake Placid FL 33852 ☒ Change ☐ Addition

TITLE SD
NAME REMICK, PATTI
STREET ADDRESS 213 RIDGEWOOD AVE
CITY-ST-ZIP CLEWISTON FL ☐ Delete

TITLE SD
NAME Patti Remick
STREET ADDRESS 110 Lakefront Ct NE
CITY-ST-ZIP Lake Placid FL 33852 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *M. Dean Remick* M. Dean Remick President 3-31-00 863-699-6114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)