2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # 195361 1. Entity Name REMSCO, INC. 04-24-2002 90309 044 ***150.00 Principal Place of Business Mailing Address 1515 FLORIDA AVE. 1515 FLORIDA AVE. P. O. BOX 1999 P. O. BOX 1999 PANAMA CITY FL 32402 PANAMA CITY FL 32402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0790110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENNIS,B F Street Address (P.O. Box Number is Not Acceptable) 220 S COVE LN PANAMA CITY FL 32401 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Change ☐ Addition NAME **ENNIS, POWELL** NAME STREET ADDRESS 1220 DEWITT ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE PD Change ☐ Addition NAME NAME ENNIS, B F STREET ADDRESS STREET ADDRESS 220 S COVE LN CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 TITLE _ Delete TITLE Change Addition NAME ENNIS, CHARLES NAME STREET ADDRESS STREET ADDRESS 904 SARA DR CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

address, with all other like empowered.

changed, or on an attachment with ar

SIGNATURE:

4-15.02

850.785-0505

FILED