

2002 UNIFORM BUSINESS REPORT (UBR)

0012379 AT

DOCUMENT # **A98000002797**

1. Entity Name

THE REMCO LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28



Principal Place of Business 6235 SE CHARLESTON PLACE, G103 HOBE SOUND FL 33455	Mailing Address 6235 SE CHARLESTON PLACE, G103 HOBE SOUND FL 33455
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0881323** 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

**SOPKO, JAMES
2307 S.E. MONTEREY ROAD
STUART FL 34994**

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

9. Capital Contributions as Shown on record. **\$1,750,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000101602**
NAME **CATAWBA, INC.**
STREET ADDRESS **6235 SE CHARLESTON PLACE, G103**
CITY-ST-ZIP **HOBE SOUND FL 33455**

STREET ADDRESS
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CITY-ST-ZIP **600005184226--2**
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Raymond E. Mack* **RAYMOND E. MACK** 3/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE