

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90014 041 \*\*\*150.00

**DOCUMENT # K85422**

1. Entity Name

**REMARKABLE SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5288  
 HARBOR FL 34684

P.O. BOX 5288  
 PALM HARBOR FL 34683-2211

00023310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3436 DOVE HOLLOW CT**

Suite, Apt. #, etc.

3. Mailing Address

**3436 DOVE HOLLOW CT.**

Suite, Apt. #, etc.

City & State

**PALM HARBOR, FL**

Zip

**34683**

Country

City & State

**PALM HARBOR, FL**

Zip

**34683**

Country

4. FEI Number

**59-2952735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNLAP, WILLIAM**  
**1010 BRAE CT**  
**PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

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, 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

**PD**  
**MIKULE, CARL**  
**3436 DOVE HOLLOW CT.**  
**PALM HARBOR FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

**D**  
**MIKULE, MRS. CARL**  
**3436 DOVE HOLLOW CT.**  
**PALM HARBOR FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

**D**  
**DUNLAP, WILLIAM**  
**1010 BRAE CT**  
**PALM HARBOR FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

**D**  
**DUNLAP, MRS. WILLIAM**  
**1010 BRAE CT**  
**PALM HARBOR FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*Carl Mikule*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-00**

Date

**727-787-3943**

Daytime Phone #

CR2E034 (9/99)