

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90310 044 ***158.75

DOCUMENT # K85422

1. Entity Name
REMARKABLE SOLUTIONS, INC.

Principal Place of Business
3436 DOVE HOLLOW CT
PALM HARBOR FL 34683

Mailing Address
3436 DOVE HOLLOW CT
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14553 AUBREY AVE

3. Mailing Address
14553 AUBREY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BROOKSVILLE FL

City & State
BROOKSVILLE FL

4. FEI Number **59-2952735**

Applied For
☐ **Not Applicable**

Zip **34610** **Country**

Zip **34610** **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

DUNLAP, WILLIAM
1010 BRAE CT
PALM HARBOR FL 34684

Name **CARL MIKULE**
Street Address (P.O. Box Number is Not Acceptable)
14553 AUBREY AVE
City **BROOKSVILLE FL** **Zip Code** **34610**

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 *Carl Mikule* **1-21-02**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **MIKULE, CARL**
STREET ADDRESS **3436 DOVE HOLLOW CT.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **MIKULE, CARL**
STREET ADDRESS **14553 AUBREY AVE.**
CITY-ST-ZIP **BROOKSVILLE, FL 34610**

TITLE **D** ☐ **Delete**
NAME **MIKULE, MRS. CARL**
STREET ADDRESS **3436 DOVE HOLLOW CT.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **MIKULE, MRS. CARL**
STREET ADDRESS **14553 AUBREY AVE.**
CITY-ST-ZIP **BROOKSVILLE, FL. 34610**

TITLE **D** ☐ **Delete**
NAME **DUNLAP, WILLIAM**
STREET ADDRESS **1010 BRAE CT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **DUNLAP, WILLIAM E.**
STREET ADDRESS **8140 CEDAR CREEK DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ **Delete**
NAME **DUNLAP, MRS. WILLIAM**
STREET ADDRESS **1010 BRAE CT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **DUNLAP, MRS. WILLIAM**
STREET ADDRESS **8140 CEDAR CREEK DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl Mikule **QUIRCARL MIKULE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

727-857-9343

Date

Daytime Phone #

CR2E034 (9/01)