

2002 UNIFORM BUSINESS REPORT (UBR)

0522786 AV

DOCUMENT # L37217

1. Entity Name
REEMARK FLORIDA MANAGEMENT, INC.

FILED
02 APR 15 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**603 SARASOTA QUAY
SARASOTA FL 34236
US**

Mailing Address
**C/O RENE A. GAREAU
4273 BOCA POINTE DRIVE
SARASOTA FL 34238**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
603 Sarasota Quay
Suite, Apt. #, etc.

City & State
Sarasota, Florida

Zip Country
34236 USA

4. FEI Number **65-0164936** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RENE A. GAREAU
4273 BOCA POINTE DRIVE
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name
UCC Filing & Search Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue
City
Tallahassee FL Zip Code 32301

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 *Alisa Hova* *Asst Secy* *4/15/02*
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.

**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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD FENTON, SHELDON C.**
STREET ADDRESS **149 DUNVEGAN RD.**
CITY-ST-ZIP **TORONTO-ONTARIO- M5P 2N8 CA. M4P2N**

Change Addition
300005350353--5
-04/26/02--01012--009
******150.00 ****150.00**
 Change Addition

TITLE Delete
NAME **DCS GAREAU, RENE A.**
STREET ADDRESS **4273 BOCA POINTE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE Change Addition
NAME
STREET ADDRESS **603 Sarasota Quay**
CITY-ST-ZIP **Sarasota, Florida 34236**

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

TITLE Delete
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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: *René A. Gareau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12/02
Date Daytime Phone #

CP2E034 (9/01)