

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62756

1. Entity Name  
THE REMCO GROUP, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90025 046 \*\*\*558.75

Principal Place of Business 1222 SE 47TH ST STE 212 CAPE CORAL FL 33904 US	Mailing Address PO BOX 901 CAPE CORAL FL 33910 US
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A0077605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>404 S.E. 28th Terrace</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Cape Coral FL</i>	City & State
Zip <i>33904</i>	Country <i>USA</i>

4. FEI Number 65-0193306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LUECKER, JAMES F.  
4260 SE 20TH PL  
APT 303  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name *James F. Luecker*  
Street Address (P.O. Box Number is Not Acceptable)  
*404 S.E. 28th Terrace*  
City *Cape Coral* FL Zip Code *33904*

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPTS</i> LUECKER, JAMES F. 4260 SE 20TH PL CAPE CORAL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>404 S.E. 28th Terrace</i> <i>Cape Coral FL 33904</i>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JAMES F. LUECKER* 9/11/2000 (941) 242-0810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)