2001 UNIFORM BUSINESS REPORT (UBR
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN AGER, OR AUTHORIZED REPRESENTATIVE

200						
DOCU 1. Entity Nam	MENT #	# L990	80000	374		FILED
G.B. REM	MODELING	LLC.				01 HAY -1 PM 5: 21
Principal Place		TE 200	Mailing Ac		· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	h Street. Sui Roale Fl 3331	·		iyth street, : Joerdale FL 3		E KERINEKE AKA KARKÉ KENLI BANK BENK BANK BANK BANK BANK KAKA KUNI KARK BAN
2. Principal P	lace of Busines	SŞ	3. Mailing	Address		
Suite, Apt.	#, etc.		Suite, A	ot. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	e		City & St	ate		4. FEI Number 65-0970104 Applied F Not Applie
Zip		Country	Zip		Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required
	6. Name a	nd Address of Curre	ent Registered Ag	ent	Name	7. Name and Address of New Registered Agent
LAMOTHE	EEDMAND	~			<u> </u>	
	FERNAND	T, SUITE 200			Street Addre	ss (P.O. Box Number is Not Acceptable)
	JDERDALE FI	•			<del></del>	
TONI DAG	JULRUALL II	L 333 10	t		City	FL Zip Code
3. The above	named entity s	submits this statement	t for the purpose of	changing its	egistered office or regis	stered agent, or both, in the State of Florida.
				1	-	<del>-</del>
SIGNATURE _	Signature, typed or	orinted name of registered ago	ent and title if applicable	(NOTE	Registered Agent signature req	juired when reinstating) DATE
SIGNATURE _	Signature, typed or	printed name of registered ag	ent and title if applicable	<del>                                     </del>	[: ]	
SIGNATURE _	Signature, typed or p	orinted name of registered ago		FILE N		00
	Signature, typed or	orinted name of registered age  MANAGING MEN	Mai	FILE NO e Check Pa	W!!! FEE IS \$50.0	00
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Date

Daytime Phone #