

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90017 001 ***150.00

DOCUMENT # P01000061524

1. Entity Name

REMMERDEN-BENSON BUILDERS, INC.

Principal Place of Business

4000 NORTH FEDERAL HIGHWAY
 SUITE 201
 BOCA RATON FL 33431

Mailing Address

4000 NORTH FEDERAL HIGHWAY
 SUITE 201
 BOCA RATON FL 33431

2. Principal Place of Business

963 Cypress Dr
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

DEIRAY BCH

City & State

Zip

33483

Country

U.S.

Zip

Country

4. FEI Number

65-1127927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JEFFREY A
 4000 NORTH FEDERAL HIGHWAY
 SUITE 201
 BOCA RATON FL 33431

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, 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

TITLE D
 NAME LEVINE, JEFFREY A
 STREET ADDRESS 4000 NORTH FEDERAL HIGHWAY
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME MARK REMMERDEN
 STREET ADDRESS 963 Cypress Dr
 CITY-ST-ZIP DEIRAY BCH 33483 Vice President ☐ Change ☒ Addition

TITLE PRES
 NAME TED BENSON
 STREET ADDRESS 2435 SMOOK TRAIL
 CITY-ST-ZIP P.B. GARDENS 33410 President ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DEIRAY BCH 33483 Secretary ☐ Change ☒ Addition

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

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

Mark K. Remmerden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARK REMMERDEN

3/23/02 (561) 266-9540

Date

Daytime Phone #

CR2E034 (9/01)