

FILED
May 05, 2003 8:00 am
Secretary of State

03-17-2003 91107 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000060347					
1. Entity Name REMARKABLE PROPERTIES, INC.					
Principal Place of Business 42 OCEAN DRIVE JUPITER, FL 33469			Mailing Address POST OFFICE BOX 3554 TEQUESTA, FL 33469		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 020613336				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1940 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Traci Chivers Street Address (P.O. Box Number is Not Acceptable) 42 Ocean Dr. City Jupiter FL Zip Code 33469		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Traci Chivers</u> Traci Chivers 3-12-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when changing) DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete			
NAME	CHIVERS, JAMES T				
STREET ADDRESS	42 OCEAN DRIVE				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE	SVD	☐ Delete			
NAME	CHIVERS, TRACI B				
STREET ADDRESS	42 OCEAN DRIVE				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Traci Chivers</u> Traci Chivers 3-12-03 561-743-7020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officers Phone #					

CFR0304 (10/02)