2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000116131

1. Entity Name

REMO INTER CAR, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90182 044 ***150.00

Principal Place of Business P. O. BOX 9626 PANAMA CITY BCH FL 32417 2. Principal Place of Business Suite, Apt. #, etc.		P. 0	Mailing Address P. O. BOX 9626 PANAMA CITY BCH FL 32417								
		3. Mailing Address Suite, Apt. #, etc.									
						☐ CHECK HERE IF MAKI			KING CHANGES		
City & State		City & State				4. FEI Number 05-0540727				Applied For	ə
Zip	Country Zip		Country		5. (Certificate of Status Desired	¢0.75 August]	
	6. Name and Address of Curre	nt Register	ed Agent			;,7.; N	lame and Address of New Register	red Age	nt		_
	-				Name		·				7
POKHILK	O, ALEXANDER										4
	DMAS DR., UNIT 411				Street Addre	ess (P.O. B	ox Number is Not Acceptable)				
1	CITY BCH FL 32408			ľ							7
''''				-	Oit.			 r	7:- C-	-d-	4
					City			FL	Zip Co	de	
	named entity submits this statement tions of registered agent.	for the purp	oose of changing its re	gistere	d office or regi	istered age	ent, or both, in the State of Florida. 1	am fam	iliar with	i, and accept	
OLONIATIONE							•				
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	olicable. (NOTE: R	Registered	Agent signature req	quired when re-	instating) DA	ATE.			
F	ILE NOW!!! FEE IS \$150.00		-								٦
	r May 1, 2003 Fee will be \$550.0	_								00 May Be	
	Payable to Florida Department	D					9. Election Campaign Financing				
1	C Payable to morida Departinent						Election Campaign Financing Trust Fund Contribution.			ed to Fees	
10.	OFFICERS AN	of State	DRS	1 11.		·	Trust Fund Contribution.		Add	ed to Fees	$\frac{1}{4}$
10. TITLE		of State		11.		AD		AND DI	Add	ed to Fees RS IN 11	
	OFFICERS AN	of State	Delete			AD	Trust Fund Contribution.	AND DI	Add	ed to Fees RS IN 11	(60/04
TITLE	OFFICERS AN	of State		TITLE NAME	T ADDRESS	AD	Trust Fund Contribution.	AND DI	Add	ed to Fees RS IN 11	(40,00)
TITLE NAME	OFFICERS AN PD POKHILKO, ALEXANDER	of State		TITLE NAME STREE	i i	AD	Trust Fund Contribution.	AND DI	Add	ed to Fees RS IN 11	1
TITLE NAME STREET ADDRESS	OFFICERS AN PD POKHILKO, ALEXANDER 8730 THOMAS DR., UNIT 411	of State	☐ Delete	TITLE NAME STREE	T ADDRESS	AD	Trust Fund Contribution.	AND DI	Add	ed to Fees RS IN 11 Addition	DE024 (40)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD POKHILKO, ALEXANDER 8730 THOMAS DR., UNIT 411	of State		TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	AD	Trust Fund Contribution.	AND DI	Add RECTO	ed to Fees RS IN 11 Addition	DE024 (40)
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other key empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition