

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003272

1. Entity Name
REM SYSTEMS INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90082 050 ***150.00

Principal Place of Business: C/O ROBERT MARQUETTE, II
6509 BIMINI COURT
APOLLO BEACH FL 33572

Mailing Address: C/O ROBERT MARQUETTE, II
6509 BIMINI COURT
APOLLO BEACH FL 33572-2106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number **59-3148433** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARQUETTE, ROBERT E II
6509 BIMINI COURT
APOLLO BEACH FL 33572

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 *Robert E. Marquette II* (NOTE: Registered Agent signature required when reinstating) DATE **1-5-00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUETTE, ROBERT E II	
STREET ADDRESS	6509 BIMINI COURT	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
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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: *Robert E. Marquette II* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1-5-00** DAYTIME PHONE # **813-645-449**