

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

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

01-24-2003 90128 021 ***150.00

DOCUMENT # P93000058726

1. Entity Name
REMARK-ABLE PRODUCTS, INC.



Principal Place of Business
4630 S. KIRKMAN RD., #411
ORLANDO FL 32811

Mailing Address
4630 S. KIRKMAN RD., #411
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3206260

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

7. Name and Address of New Registered Agent

BELLAGAMBA, GRACE
5161 VINELAND RD
ORLANDO FL 32811

Name
David Bellagamba
Street Address (P.O. Box Number is Not Acceptable)
19720 KELL ESTATES LANE

City **Lutz** FL Zip Code **33549**

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

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BELLAGAMBA, MIRO**
STREET ADDRESS **5161 VINELAND RD**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☒ Addition
NAME **DAVID BELLAGAMBA**
STREET ADDRESS **19720 KELL ESTATES LN**
CITY-ST-ZIP **Lutz, FL 33549**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 like empowered.

SIGNATURE:

David Bellagamba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03
Date

813-948-4407
Daytime Phone #

CR2E034 (10/02)