

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90272 039 ***150.00

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DOCUMENT # P94000003174

1. Entity Name

REMINGTON TRAVEL SERVICES, INC.



Principal Place of Business

**11936 SEMINOLE BLVD.
LARGO FL 33778**

Mailing Address

**6600 SUNSET WAY
#121
ST PETERSBURG FL 33706
US**

2. Principal Place of Business

6655 Central Ave.,

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

4. FEI Number

59-3217214

Applied For

Not Applicable

Zip

33710

Country

Pinellas

Zip

Country

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

6. Name and Address of Current Registered Agent

**BACON, DAVID A
2929 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REMINGTON, CARL R**
STREET ADDRESS **6600 SUNSET WAY**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

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

TITLE **D** ☐ Delete
NAME **REMINGTON, MADELL**
STREET ADDRESS **6600 SUNSET WAY**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

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

TITLE **D** ☐ Delete
NAME **SHARER, LARRY**
STREET ADDRESS **100 SECOND AVENUE SOUTH #606**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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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:

M. Maedell Remington
Maedell Remington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

727 360-5574

Daytime Phone #

CR2E034 (10/02)