

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90119 013 ***150.00

DOCUMENT # P94000059319

1. Entity Name

REMEDIAL MANAGEMENT CORPORATION

Principal Place of Business

2319 W BRISTOL AVE
 104
 TAMPA FL 33609
 US

Mailing Address

P.O. BOX 1186
 TAMPA FL 33601
 US

2. Principal Place of Business

2137 W Martin Luther King
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
 Tampa Florida

City & State

4. FEI Number

59-3266875

Applied For

Not Applicable

Zip
 33607

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERGMANN, FREDERICK J
 2319 W BRISTOL AVE
 104
 TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Frederick J. Bergmann

Street Address (P.O. Box Number is Not Acceptable)

2137 W. Martin Luther King Blvd

City

Tampa

FL

Zip Code

33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE D ☐ Delete
 NAME BERGMAN, FREDERICK
 STREET ADDRESS 2319 W BRISTOL AVE #104
 CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2137 W. Martin Luther King Blvd.
 CITY-ST-ZIP Tampa FL. 33607

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

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

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 info empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)