FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am § Secretary of State **DOCUMENT #** P95000070580 1. Entity Name 04-23-2002 90335 006 ***150.00 REMAR CLEANING, INCORPORATED Principal Place of Business Mailing Address 595 JACKSON STREET 595 JACKSON STREET DODLAMOOR SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3333887 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REIFERT, WENDY B Street Address (P.O. Box Number is Not Acceptable) 310 GLENWOOD AVE. SATELLITE BEACH FL 32937 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 97 This corporation is eligible to satisfy its:Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) □ Delete TITLE ☐ Change ☐ Addition NAME REIFERT, WENDY B NAME 310 GLENWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME REIFERT, GARY K NAME STREET ADDRESS 310 GLENWOOD AVE. STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 than the empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTO