

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065070

1. Entity Name

REMLAP SERVICES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90055 036 ***150.00

Principal Place of Business

Mailing Address

1043 A1A BEACH BLVD
 ST AUGUSTINE FL 32084
 US

1043 A1A BEACH BLVD
 ST AUGUSTINE FL 32084-2917
 US

2. Principal Place of Business

2225 A1A SOUTH

3. Mailing Address

2225 A1A SOUTH

Suite, Apt. #, etc.

B7

Suite, Apt. #, etc.

B7

City & State

ST Augustine, FL

City & State

ST Augustine, FL

4. FEI Number

59-3394137

Applied For

Not Applicable

Zip

32084

Country

USA
 ST JOHNS

Zip

32084

Country

ST J USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, KIM
 1043 A1A BEACH BLVD
 ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: Kim Palmer
 Street Address (P.O. Box Number is Not Acceptable): 2225 A1A SO
 # B7
 City: ST Augustine FL Zip Code: 32084

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: *Kimberly A Palmer*

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

(NOTE: Registered Agent signature required when reinstating)

4/10/00
 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PALMER, KIM	1043 A1A BEACH BLVD	ST AUGUSTINE FL 32084	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D Palmer, kim	204 3rd ST	ST Augustine, FL 32084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Kimberly A Palmer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly A PALMER
 Date

4/10/00 (904) 461-3184
 Daytime Phone #

CR2E034 (19/99)