

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90863 046 \*\*\*150.00

**DOCUMENT # P97000059937**

1. Entity Name  
**REMIT COMPANIES, INC.**

Principal Place of Business  
**125 KOLSTERMAN RD**  
**TARPON SPRINGS FL 34689**  
**US**

Mailing Address  
**125 KOLSTERMAN RD PO Box 220**  
**TARPON SPRINGS FL 34689-34688**  
**US**

2. Principal Place of Business  
**90 HIGHLAND AVE**  
 Suite, Apt. #, etc.  
**# 420**

3. Mailing Address  
**PO Box 220**  
 Suite, Apt. #, etc.

City & State  
**TARPON SPRINGS FL**  
 Zip  
**34689**  
 Country  
**Pinellas**

City & State  
**TARPON SPRINGS FL**  
 Zip  
**34688**  
 Country  
**Pinellas**

4. FEI Number  
**59-3460360**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HEFLIN, CHARLES M III**  
**3770 EMBASSY CIRCLE**  
**PALM HARBOR FL 34685**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**90 HIGHLAND AVE**  
**Unit 420**  
 City **TARPON SPRINGS** **FL** Zip Code **34689**

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 ☐ Delete  
**PST**  
 NAME **HEFLIN, CHARLES M III**  
 STREET ADDRESS **3770 EMBASSY CIR**  
 CITY-ST-ZIP **PALM HARBOR FL 34689**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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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  
 CITY-ST-ZIP

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

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

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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 like empowered.

SIGNATURE:

**Charles M. Heflin**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/8/02**

**727 937 5328**

CR2E034 (9/01)