

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90126 008 ***150.00

DOCUMENT # P99000011238

1. Entity Name

REM WORKS, INC.

Principal Place of Business

Mailing Address

**8971 SANDUSKY AVENUE SOUTH
 JACKSONVILLE FL 32216**

**8971 SANDUSKY AVENUE SOUTH
 JACKSONVILLE FL 32216-3343**

2. Principal Place of Business

1083 LARKSPUR LOOP

Suite, Apt. #, etc.

3. Mailing Address

1083 LARKSPUR LOOP

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

593560162

Applied For

Not Applicable

Zip

32259

Country

Zip

32259

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANDAU, FRANCINE CLAIR
 1501 SAN MARCO BOULEVARD
 JACKSONVILLE FL 32207**

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.

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, 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 **D** Delete
 NAME **MURPHY, GARY D**
 STREET ADDRESS **8971 SANDUSKY AVENUE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** Delete
 NAME **DICKENS, JOHN V**
 STREET ADDRESS **1083 LARKSPUR LOOP**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** Delete
 NAME **FARRINGTON, PATRICK D**
 STREET ADDRESS **2819 ST. TROPEZ COURT**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 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
 NAME
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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:

John V. Dickens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John V. Dickens 2-24-00

Date

Daytime Phone #

CR2FC34 (9/99)