

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011238

1. Entity Name

REM WORKS, INC.

Principal Place of Business

8971 SANDUSKY AVENUE SOUTH
JACKSONVILLE FL 32216

Mailing Address

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.

Zip

32259

Country

City & State

JACKSONVILLE FL.

Zip

32259

Country

4. FEI Number

593560162

Applied For

Not Applicable

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

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

03-20-2000 90126 008 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)