

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034364

1. Entity Name
Rema Ur, Inc.

(R)

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

06-20-2000 90014 001 ***158.75

Principal Place of Business
7260 Arlet Drive
Jacksonville, Florida
32211

Mailing Address
7260 Arlet Dr.
Jacksonville, FL.
32211

00065393

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7260 Arlet Dr.
Suite, Apt. #, etc.
N/A

3. Mailing Address
7260 Arlet Dr.
Suite, Apt. #, etc.
N/A

City & State
Jacksonville, FL.
Zip
32211
County
Duval

City & State
Jacksonville, FL.
Zip
32211
County
Duval

4. FEI Number
P99000034364

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Reginald Dawson
7260 Arlet Drive
Jacksonville, Florida 32211

7. Name and Address of New Registered Agent
Name
Ethel G. Dawson
Street Address (P.O. Box Number is Not Acceptable)
7260 Arlet Drive

Rosemary M. Kinley (255 Aquarius Cir.
Jacksonville, FL 32216)

City Jacksonville FL Zip Code 32211

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

(NOTE: Registered Agent signature required when reinstating)
Ethel G. Dawson

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	<input checked="" type="checkbox"/> Delete
NAME	Rosemary M. Kinley
STREET ADDRESS	255 Aquarius Cir.
CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	<input checked="" type="checkbox"/> Delete
NAME	Francis Lynett Dawson
STREET ADDRESS	4649 Effie St.
CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President CFO
STREET ADDRESS	Ethel Dawson
CITY-ST-ZIP	7260 Arlet Drive Jacksonville, FL 32211
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Lone Research
STREET ADDRESS	John W. Lone
CITY-ST-ZIP	8025 Baymeadows Circle E. Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Scott
STREET ADDRESS	Enlow
CITY-ST-ZIP	7260 Arlet Dr. Jacksonville, FL 32211
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ethel G. Dawson 6/15/00 (904) 724-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)