2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State **DOCUMENT # \$73382** REMCO CONSTRUCTION CO., INC. 05-09-2000 90121 038 ***150.00 Principal Place of Business Mailing Address 4822 MANATEE AVENUE WEST 4822 MANATEE AVENUE WEST **BRADENTON FL 34209 BRADENTON FL 34209-3854** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3082445 , . , . . . Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOON, JUDY Street Address (P.O. Box Number is Not Acceptable) 4822 MANATEE AVENUE WEST **BRADENTON FL 34209** Zip Code . City FL 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 FILE NOW!!LFEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible iū. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete RADEBACH, LARRY R. NAME NAME 712 HILLCREST DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATUR