

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90079 032 ***150.00

DOCUMENT # F44765

1. Entity Name
THE RESAM CORP.

Principal Place of Business

~~1611 10TH AVE. W.~~
~~PALMETTO FL 34221~~
~~US~~

Mailing Address

~~1611 10TH AVE. W.~~
~~PALMETTO FL 34221~~
~~US~~

2. Principal Place of Business

Suite, Apt. **RESAM CORP.**
501 Bayview Drive

Holmes Beach, FL 34217

3. Mailing Address

RESAM CORP.

Suite, Apt. **501 Bayview Drive**
Holmes Beach, FL 34217

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2132347**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~KING, CHARLES R.~~
~~1611 10TH AVE., W.~~
~~PALMETTO FL 34221~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Charles R. King
501 Bayview Drive
Holmes Beach, FL 34217

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 **Charles R. King**
501 Bayview Drive
Holmes Beach, FL 34217

Signature of Registered Agent and title if applicable.

(NO 2. 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 **PD** ☐ Delete
 NAME **GALLMAN, MAVIS**
 STREET ADDRESS **1611 10TH AVE W**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **DST** ☐ Delete
 NAME **HOOVER, JACK**
 STREET ADDRESS **1611 10TH AVE W**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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: **MAVIS L. GALLMAN** *Mavis L. Gallman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02 **941-778-1899**
 Date Daytime Phone #

CR2E034 (9/01)