

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90960 005 \*\*\*\*70.00

**DOCUMENT # N01000001146**

1. Entity Name

**RESPAC, INC.**

Principal Place of Business

**17842 LYNN STREET  
 PANAMA CITY BEACH FL 32413**

Mailing Address

**17842 LYNN STREET  
 PANAMA CITY BEACH FL 32413**

**00007143**

2. Principal Place of Business

**17842 LYNN ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
 Suite, Apt. #, etc.

City & State

**PANAMA CITY BEACH, FL**

City & State

Zip

**32413**

Country

**USA**

Zip

Country

4. FEI Number

**KI 59-3704646**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GILMORE, ROBERT  
 105 VILLA COURT  
 PANAMA CITY BEACH FL 32413**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ED** ☒ Delete  
 NAME **SWIFT, WILLIAM D**  
 STREET ADDRESS **17793 FRONT BEACH RD**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **DS** ☒ Delete  
 NAME **BROWN, DIANE**  
 STREET ADDRESS **241 TWIN LAKES DR**  
 CITY-ST-ZIP **LAGUNA BEACH FL 32413**

TITLE **D** ☐ Delete  
 NAME **HOTTE, DON**  
 STREET ADDRESS **POST OFFICE BOX 7055**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **D** ☐ Delete  
 NAME **AHLGREN, RICHARD**  
 STREET ADDRESS **17842 LYNN STREET**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☒ Change ☐ Addition  
 NAME **RICHARD AHLGREN**  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

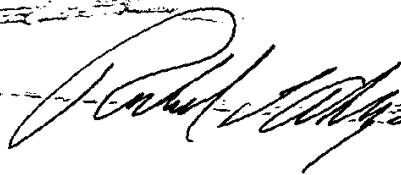
**2/4/02 850-234-7596**

CR2E037 (9/01)

① ~~UNIT~~ NO1000001146 30057145

RESPEC, INC. IS A RESIDENTS POLITICAL ACTION COMMITTEE. THE ORGANIZATION DOES NOT EMPLOY ANYONE, NOR SELL ANYTHING.

RESPEC, INC. IS A DUE'S PAYING ORGANIZATION, AND NEEDED AN EMPLOYER NUMBER IN ORDER TO OPEN A BANK ACCOUNT.

A handwritten signature, possibly reading "Paul Miller", is written over a horizontal line. Below this line are several more horizontal lines, some of which are dashed.