

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90079 015 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3704646**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **RICHARD L. AHLGREN**

Street Address (P.O. Box Number is Not Acceptable)
17842 LYNN ST

City **PANAMA CITY BEACH**

FL Zip Code **32413**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD L. AHLGREN**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/2/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	AHLGREN, RICHARD	
STREET ADDRESS	17793 FRONT BEACH RD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOTTE, DON	
STREET ADDRESS	POST OFFICE BOX 7055	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AHLGREN, RICHARD	
STREET ADDRESS	17842 LYNN STREET	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEPUTY DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM GUTZ	
STREET ADDRESS	17751 PCB PARKWAY CONDO #66	
CITY-ST-ZIP	PCB, FL 32413	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY G. NEWMAN	
STREET ADDRESS	2115 WELLS	
CITY-ST-ZIP	PCB, FL 32413	
TITLE	MEMBERSHIP DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED BENJAMIN	
STREET ADDRESS	2025 WELLS	
CITY-ST-ZIP	PCB, FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 612, 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: **RICHARD L. AHLGREN** **2/2/03** **850-234-7596**

CR2E037 (10/02)