

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 024 ***155.00

DOCUMENT #

1. Entity Name

P00000110706 ✓
Resolution Settlement Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7130 KOLA TERR

3. Mailing Address

P.O. Box 60872

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 23

City & State

Ft. Myers, Florida

City & State

Ft. Myers, Florida

4. FEI Number

02-0588639

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Raymond LAINQ

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

7130 KOLA TERR. UNIT 23

City

Ft. Myers

FL

Zip Code

33906

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
LAINQ
RAYMOND R.
7130 KOLA TERR. UNIT 23
FT MYERS, FLA. 33906

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond R. LAINQ 4/29/02 941-277-9392

CR2E034B (12/01)