

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90126 027 ***150.00

DOCUMENT # P02000009385

1. Entity Name
RESI INTERNATIONAL, INC.



Principal Place of Business
1133 N. COURTNEY PKWY.
MERRITT ISLAND FL 32940

Mailing Address
1133 N. COURTNEY PKWY.
MERRITT ISLAND FL 32940

2. Principal Place of Business
1133 N. COURTNEY PKWY.

3. Mailing Address
7777 NORTH WICKHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12514

City & State
MERRITT ISLAND

City & State
MELBOURNE

4. FEI Number
75-3030894

Applied For
Not Applicable

Zip
32940

Country
FL

Zip
32940

Country
FL

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

WASHAM, JULIA
1133 N. COURTNEY PKWY.
MERRITT ISLAND FL 32940

Name
MILAN SUBESTA

Street Address (P.O. Box Number is Not Acceptable)
7777 N. WICKHAM RD. # 12514

City MELBOURNE **FL** **Zip Code** 32940

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 MILAN SUBESTA *Milan Subesta*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/25/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE D | <input checked="" type="checkbox"/> Delete |
| NAME WASHAM, JULIA | |
| STREET ADDRESS 1133 N. COURTNEY PKWY | |
| CITY-ST-ZIP MERRITT ISLAND FL 32940 | |
| 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"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--|--|
| TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MILAN SUBESTA | |
| STREET ADDRESS 7777 N. WICKHAM RD. # 12514 | |
| CITY-ST-ZIP MELBOURNE, FL 32940 | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 607, 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: *Milan Subesta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/03 321-421-0216
Date Daytime Phone #

CR2E034 (10/02)