

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90188 041 \*\*\*150.00

**DOCUMENT # P02000033296**

1. Entity Name  
**RESQPC.COM, INC.**



Principal Place of Business  
**601 E SAMPLY RD  
POMPANO BEACH FL 33064**

Mailing Address  
**601 E SAMPLY RD  
POMPANO BEACH FL 33064**



2. Principal Place of Business

**2787 E Oakland Park Blvd**

Suite, Apt. #, etc.

**Suite 208**

City & State

**Fort Lauderdale, FL**

Zip

**33306**

Country

3. Mailing Address

**2787 E Oakland Park Blvd**

Suite, Apt. #, etc.

**Suite 208**

City & State

**Fort Lauderdale, FL**

Zip

**33306**

Country

4. FEI Number

**04-3627638**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOLSTEIN, PAUL  
1141 SE 9TH TERRACE  
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name

**Robert Wilcox**

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

**2787 E Oakland Park Blvd**

**Suite 208**

City

**Fort Lauderdale**

FL

Zip Code

**33306**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Robert Wilcox**

**4/19/03**

**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  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **HOLSTEIN, PAUL**  
STREET ADDRESS **1141 SE 9TH TERR**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D** ☐ Change ☒ Addition  
NAME **Robert Wilcox**  
STREET ADDRESS **2787 E Oakland Park Blvd Suite 208**  
CITY-ST-ZIP **Fort Lauderdale, FL 33306**

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

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

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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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Wilcox**

Date

Daytime Phone #

**954-564-1107**

CR2E034 (10/02)