

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-13-2000 90026 032 ***150.00

DOCUMENT # P93000000414

1. Entity Name

RESEC, INC.

Principal Place of Business

Mailing Address

4905 34TH ST SO
 STE 6500
 ST. PETERSBURG FL 33711

4905 34TH ST SO
 STE 6500
 ST. PETERSBURG FL 33711-4511
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3165580

Applied For

Not Applicable

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

RECHNITZ, MOSES → DECEASED
 4905 34TH ST SO
 STE 6500
 ST. PETERSBURG FL 33711

Name RECHNITZ, PAULA
 Street Address (P.O. Box Number is Not Acceptable)
 4905 34TH ST. SO.
 Ste 6500
 City St. Petersburg FL Zip Code 33711

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Delete

PSD
 RECHNITZ, PAULA
 4905 34TH ST SO STE 6500
 ST. PETERSBURG FL 33711

☒ Delete

VTD
 RECHNITZ, MOSES
 4905 34TH ST SO STE 6500
 ST. PETERSBURG FL 33711 DECEASED

☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition☐ Change☒ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA RECHNITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)