2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	P93
1. Entity Name	. •

3000000414

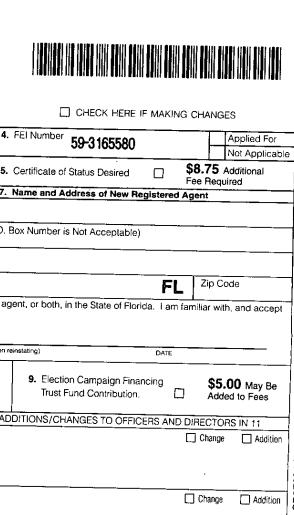
RESEC, INC.



Principal Place of Business Mailing Address 4905 34TH ST SO 4905 34TH ST SO STE 6500 STE 6500 ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711



01-13-2003 90362 007 ***150.00



2. Principa	Place of Business 3. Mailing Address							
	<u>. </u>	5. Walling Address		i	s smallmar tra satud titlit doliti matili 90.111 i	iniil aniil Eniil Dis	ET TABLE BERT 1981	
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State City &		City & State	y & State 4				Applied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A	Not Applicable Additional	
<u> </u>	6. Name and Address of Curre	nt Registered Agent			Name and Address of New Register	Fee Requi	ired	
DECUNITY DALUA			N	Name				
RECHNITZ, PAULA			St	Street Address (P.O. Box Number is Not Acceptable)				
4905 34TH ST SO STE 6500				Oncer Address (P.O. Box Number is Not Acceptable)				
	RSBURG FL 33711			•				
SI. FEIE	1000NG PL 33/11		Ci	ty		Zip Co	nde	
8. The above	e named entity submits this statement	for the purpose of changing it	s registered of	ice or registered a	gent, or both, in the State of Florida.	• <u> </u>		
the obliga	tions of registered agent.	, , , , , , , , , , , , , , , , , , ,	o regional on	ice or registered a	gent, or both, in the State of Florida. 1.	am familiar with	i, and accept	
SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agen	t signature required when	reinstating) DAT	TE .		
F	ILE NOW!!! FEE IS \$150.00							
Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	- 4 00 - 1			Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.		ľ		_	indst Fund Contribution,	☐ Adde	ed to Fees	
TITLE	OFFICERS ANI		11.	AI	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
NAME	RECHNITZ, PAULA	☐ Delete	TITLE			☐ Change	☐ Addition	
	4905 34TH ST SO STE 6500		NAME STREET ADD	RESS				
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP					
TITLE	VTD	□ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS	RECHNITZ, PAULA 4905 34TH ST SO STE 6500		NAME			L_ Change	∟ Addition	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711		STREET ADDR	ESS				
TITLE		Delete						
NAME	,	⊢1 Delete	NAME		• •	- Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS				
			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME Street Addri	-00		•		
CITY-ST-ZIP			CITY-ST-ZIP	:55				
TITLE		☐ Delete	TITLE					
NAME STREET ADDRESS			NAME			☐ Change	☐ Addition	
CITY-ST-ZIP			STREET ADDRE	ss			{	
TITLE			CITY-ST-ZIP					
NAME		☐ Delete	TITLE		 ,	☐ Change	☐ Addition	
STREET ADDRESS			. NAME STREET ADDRE	ss				
CITY-ST-ZIP			CITY-ST-ZIP	~				
12. Thereby ce	ertify that the information supplied with	this filing does and a 100 f		<u> </u>				

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 changed, or on an attackment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Date

SIGNATURE:

0/03 127.864-3936 Date Daytime Phone #