

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000050083**

1. Entity Name

RESOTA CORPORATION**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90115 010 ***150.00

Principal Place of Business

1407 1/2 JUNE AVE STE B
PANAMA CITY FL 32402

Mailing Address

~~P.O. BOX 8611~~
~~SOUTHPORT FL 32409~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1407 1/2 June Avenue #8
Panama City, Florida 32401-2037

City & State

City & State

4. FEI Number

59-3459550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRIGMAN, MP
1407 1/2 JUNE AVE STE B
PANAMA CITY FL 32402

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BIEHE, JERRY	P O BOX 8611 N/A	SOUTHPORT FL 32409	<input type="checkbox"/>
VD	SEARPA, JR	P O BOX 8611 N/A	SOUTHPORT FL 32409	<input type="checkbox"/>
VSD	BRIGMAN, MP	P.O. BOX 8611 N/A	SOUTHPORT FL 32409	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1407 1/2 June Avenue #8	Panama City, Florida 32401-2037	<input type="checkbox"/>	<input type="checkbox"/>
		1407 1/2 June Avenue #8	Panama City, Florida 32401-2037	<input type="checkbox"/>	<input type="checkbox"/>
		1407 1/2 June Avenue #8	Panama City, Florida 32401-2037	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *M P Brigman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)