

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90761 040 \*\*\*150.00

DOCUMENT # **P97000050083**

1. Entity Name

**RESOTA CORP**



**DO NOT WRITE IN THIS SPACE**

**70026711**

2. Principal Place of Business

**1407 1/2 JUNE AVE**

3. Mailing Address

Suite, Apt. #, etc.

**# B**

Suite, Apt. #, etc.

City & State

**PANAMA CITY FL**

City & State

Zip

**32401**

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **M-P BRIGMAN**

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

**SAME**

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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
SCARPA JR  
1407 1/2 JUNE AVE #B  
PANAMA CITY FL 32401**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VBT  
BRIGMAN M P**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S.D  
BIEHL Jerry**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**M P Brigman**

**3-5-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

*attachmt*

*P97000050083*

*700267!!*

8:58 AM

2/28/03

CORPORATE DETAIL RECORD SCREEN

NUM: P97000050083 ST:FL ACTIVE/FL PROFIT FLD: 06/06/1997

FEI#: 59-3459550

NAME : RESOTA CORPORATION  
PRINCIPAL: 1497 1/2 JUNE AVE STE B  
ADDRESS PANAMA CITY, FL 32402  
MAILING : P.O. BOX 8611  
ADDRESS SOUTHPORT, FL 32409  
RA NAME : BRIGMAN, MP  
RA ADDR : 1407 1/2 JUNE AVE STE B  
PANAMA CITY, FL 32402 US  
ANN REP : (2000) A 03/15/00 (2001) A 03/08/01 (2002) A 03/14/02

CHANGED: 03/08/01

CHANGED: 03/13/98

NAME CHG: 02/25/99

ADDR CHG: 03/13/98

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: