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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11880

1. Entity Name

RESULTS MARKETING OF ORLANDO, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90206 028 ***150.00

	A						-										
Principal Place	ce of Business S AVENUE	3	Mailing Address 279 DOUGLAS AVENUE														
SUITE 1108			SUITE 1108				and the second of the second										
ALTAMONTE SPRINGS FL 32714			ALTAMONTE SPRINGS FL 32714											, _, \ B B	'. Indiani di Pili Pani		
US			US														
2. Principal F	Place of Rusin	000	3. Mailing Address				-										
z. Filicipai F	riace of busin	ess	3. Mailing Address								11.	* 3 .					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					()									
City & Stat	e		City & State					4. FEI Number 59-2965775					Applied For Not Applicable				
Zip Country			Zip Cour			ry								\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered A	legistered Agent			7. Name and Address of New Registered Agent						<u>-</u>				
				-	-	Name	- -		- 4"			_					
TISHMAN	, steve					Street Address (P.O. Box Number is Not Acceptable)											
	glas aven	UE `			-												
SUITE 11		A BU AATL															
ALTAMONTE SPRINGS FL 32714							City			F					Zip Code		
	named entity tions of registe	submits this statement for ered agent.	r the purpose	of changing its	registere	d office or	registere	ed age	nt, or both,	in the St	ate of Fl	orida. Fa	am famil	iar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicab	ole. (NOTI	E: Registered	Agent signate	ure required	when rein	nstating)			DAT	E				
_ After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00	ord rate materials						9. Elect	ion Cam Fund Co	_	_			0 May Be I to Fees		
•	C Payable to	Florida Department of															
10.	10=	OFFICERS AND	DIRECTORS		11.			ADD	DITIONS/CI	HANGES	TO OF	ICERS A			S IN 11		
វាLE	ST			☐ Defete	TITLE							•	$\boldsymbol{\varkappa}$	Change	☐ Addition		
NAME	BERMAN,				NAME				0.4	18	016	2015	=				
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CITY-ST-ZIP	Longwoo	OD FL 32779ノノ			CITY-	\$T-ZIP	10	NG	(U)00	D	FL	32	'כק	7			
TITLE	P			☐ Delete	TITLE									Change	☐ Addition		
NAME	TISHMAN,	STEVE			NAME												
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CITY-ST-ZIP					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

SUNDILITEREQUIRED
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date Day

Daytime Phone #

CR2E034 (10/0