2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P00000044210 **DOCUMENT #** 1. Entity Name 04-11-2003 90130 038 ***150.00 MANAGED RESULTS, INC. Principal Place of Business Mailing Address 2749 ŠE-PINES-CIRCLE. EAST 749 SE PINES CIRCLE, EAST GLEARWATER FL 33781-3000-**CLEARWATER FL-33761-3008**** ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 59-3732864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLEY, HARRY F JR Street Address (P.O. Box Number is Not Acceptable -2749-SE-PINES-CIRCLE, EAST--CLEARWATER FL-33761-3008 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change CR2E034 (10/02) ☐ Addition TITLE TITLE ☐ Delete elley, Harry F. Jr KELLEY, HARRY F JR NAME NAME 17353 NW Highway 2749 SE PINES CIRCLE, EAST STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761-3008 CITY-ST-7IP CITY-ST-7IP Reddick, FL 32686 Addition TITLE ☐ Delete TITLE KELLEY, JANIS A NAME NAME 2749 SE PINES CIRCLE, EAST STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761-3008 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME

FILED

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 727-691-0978

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP